

THE ACADEMY OF ALAMEDA

CAMP GOLD

APP DEADLINE: June 7, 2018
SPACE IS LIMITED

BEST SUMMER EVER

2018 SUMMER PROGRAM

HAVE FUN WITH:

ACADEMIC ENRICHMENT

STEAM

(science, technology, engineering, art, mathematics)

THEATER ARTS

SPORTS



The Academy of Alameda
401 Pacific Avenue
Alameda, CA 94501



Morning Extended Care: 8:00am - 9:00am
Camp GOLD Program Hours: 9:00am - 4:00pm
Evening Extended Care: 4:00pm - 5:30pm

JUNE 25, 2018 - JULY 27, 2018

SUMMER FUN @ AoA

CAMP GOLD offers almost all of the benefits of a traditional camp--new experiences, skill building, a sense of community and lasting friendships--in rural and urban settings while allowing campers to return home each afternoon.

CAMP HOURS: 9:00am - 4:00pm

Extended Care: (prices are per day)
Morning Care: 8:00am to 9:00am - \$20
Evening Care: 4:00pm to 5:30pm - \$20

FEE: \$550.00 (financial assistance available)
Limited spaces available. 50% deposit required to hold spot.

2018 CAMP GOLD Program Tracks

THEATER ARTS

In this five-week theater program, students and instructors work collaboratively to prepare a one-performance run of "The Lion King."



ATHLETICS

This five-week program focuses on sport skill development while promoting the benefits of physical activity and healthy lifestyles for youth.



STEAM

SCIENCE, TECHNOLOGY, ENGINEERING, ART & MATHEMATICS

In this five-week STEAM program, students imagine, collaborate, explore and create, all while learning super cool STEM skills that will help them in school and in life.



FIELD TRIPS



Oakland Ice Center



Aqua Adventure Water Park



Oakland Zoo



Great America

Field Trips subject to change. Any changes to field trips will be announced the week prior.

Program will be closed on July 4, 2018.



PROGRAM APPLICATION

PARTICIPANT'S INFORMATION

Child's Full Name

Gender Age Birthdate Grade Race/Ethnicity

Preferred Gender Pronouns

Address

City Zip Home Phone

Parent/Guardian (1) Name

Birthdate Race/Ethnicity

Employer Occupation

Daytime Phone

Cell Phone

Email Address

Parent/Guardian (2) Name

Birthdate Race/Ethnicity

Employer Occupation

Daytime Phone

Cell Phone

Email Address

ADDITIONAL INFORMATION

Emergency Information

Authorized persons to be called in case of an emergency when parents cannot be reached:

Name Phone Relationship

.....

.....

Information Required By State Law

Health Insurance Company

Policy Number

Family Physician

Address Phone

Family Dentist

Address Phone

Tetanus Immunization Date

Health Record (Check applicable conditions or allergies)

- Ear infections Convulsions Rheumatic Fever Diabetes
 Insect Stings Poison Oak Hay Fever Penicillin
 Behavior Problems:

Other:

Operations, serious injuries, diseases, restrictions on physical activity:

.....

Child Release Authorization

Persons authorized to pick-up child from the facility (parents must be listed below):

Name Phone Relationship

.....

.....

Persons NOT authorized to pick-up child from the facility:

Name Phone Relationship

.....

.....

Child in Custody of (Check one):

- Both parents Mother Father Other:

Child Lives with (Check one):

- Both parents Mother Father Other:

Parent/Guardian Authorization

This Health History is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by The Academy of Alameda's GOLD Program to order x-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by The Academy of Alameda's GOLD Program to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. Recognizing that The Academy of Alameda's GOLD Program will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release The Academy of Alameda's GOLD Program, the Alameda Unified School District, and their officers, agents, employees, and volunteers from all responsibility and liability of any nature, including claims from injury, illness, death, loss or damage, resulting from my child's participation in program activities. Photos of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site. I authorize The Academy of Alameda's GOLD Program staff to apply sunscreen to my child's exposed skin, on an as-needed basis.

Parent/Guardian Signature Date



PROGRAM APPLICATION

PICK UP POLICY (please choose one)

Please carefully review the two options for student release. YOU MUST choose either the "Pick Up Only" for students who will be picked up, or "FREE TO RELEASE" for students who will be released to walk home.

PICK UP ONLY

I/we will pick up my child/our child from the program everyday.

***NOTE: Children picked up after program hours will be charged \$1 per minute to be paid at the time of pick up in order for participation and enrollment to remain in good standing.**

EXTENDED CARE (please mark all that apply)

Morning Care (8:00am - 8:45am): \$20 per day

Evening Care (4:00pm - 5:30pm): \$20 per day

FREE TO RELEASE

I/we give the GOLD Program staff permission to release my child from the program without supervision:

on a daily basis

on the following days (circle all that apply):

monday tuesday wednesday thursday friday

As a parent/guardian, I hereby release and discharge The Academy of Alameda and collaborating agencies and employees from any and all claims for injury, illness, death, loss or damage as a result of my signed waiver of the pick up policy.

TRACK SELECTION

Please rank the following in order of preference, one (1) being your first choice, two (2) being your second, and three (3) being your third. We will do our very best to ensure that students are enrolled in their first or second choice.

THEATER ARTS

ATHLETICS

STEAM

MEAL OPTIONS

My child will eat:

School Breakfast

School Lunch

My child will bring their own food

My child qualifies for (proof required)

Free Lunch

Reduced Lunch

Neither

RELEASE AND INDEMNIFICATION AGREEMENT

I, _____ (parent/guardian), am the parent or guardian of a child (or children) who participates in the GOLD After School and Summer Program at The Academy of Alameda Middle School.

I am fully aware that my child's (or children's) participation in this Program is totally voluntary. In consideration of The Academy of Alameda's GOLD After School Program, I agree to permit my son(s)/daughter(s) to participate in the aforementioned lessons/activities, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

I, individually, and on behalf of my minor child (or children) and our respective heirs, successors, assigns and personal representatives, hereby release, acquit and forever discharge The Academy of Alameda's GOLD After School and Summer Program and their teachers and teacher aides, students, parent volunteers, agents, board members, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries, including death, to persons or property or both, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses and attorney's fees, which arise out of, during or in connection with my child's (or children's) participation in the aforementioned lessons and activities, including but not limited to any damages, losses, or injuries to persons or property or both, which may be sustained or suffered by my child or any person in connection with my child's (or children's) association with, or participation in, activities at, sponsored by, or arising out of the school's activities and meetings.

I agree that this Waiver, Release and Indemnification Agreement is intended to be as broad and inclusive as permitted by the laws of the state of California and/or Alameda County, and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect.

I hereby consent to any publicity, including the use of my child's name, photographs, and likeness in connection with my child's participation in the schools lessons and activities.

In signing this Waiver, Release and Indemnification Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provision, that I understand it affects my legal rights and those of my child (or children), that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Parent/Guardian Signature Date