

# Boykins Youth Foundations, Inc.

PO Box 301146 Houston, Texas 77230-1146

Healthy Kids & Young Leaders Program

(Ages 4 – 14 years old)

CAMP LOCATION: JJ Roberson Family Life Center

4810 Redbud Houston, Texas 77033

June 10, 2013 – August 23, 2013

Monday-Friday, 7:00 a.m. - 6:00 p.m.

Contacts: Christopher Boykins (or) Evon Boykins

713.666.2295 option 2, 832.628.4949 (or) 713.922.3561

Email: boykinsyouth@gmail.com

Website: www.boykinsyouth.com

Application Fee: \$ 25 (One Time) / Registration WEEKLY Fee: \$100

Note: Drop Off Fee (Per day): \$50

Form must be filled out completely and fees paid every MONDAY by cash, check or credit card

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Child's Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Home/Cell/Work Phone #: \_\_\_\_\_

Emergency Contact/Phone #: \_\_\_\_\_

**BOYKINS YOUTH FOUNDATIONS, INC. & HEALTHY KIDS & YOUNG LEADERS PROGRAM WAIVER AGREEMENT:** In signing this form, I hereby waive release and forever discharge any and all claims which I or my child, may have or which hereafter accrue to us against the sponsors of this program, the organizers and any promoting organization, property owners, law enforcement agencies of public entities, special districts and properties and their respected agents, officials, and employees through by which this program will be held for any and all injuries which may be sustained by myself or my child directly or indirectly in connection with or arising out of my child's participation in or association with this program and/or travel to or return from this program. I further certify that my child is physically able to participate in this program and have no physical or medical condition which would endanger him/her or others in this program and/or field events. If needed, I authorize emergency medical care for my child.

Application Fee \$25 (One time): \_\_\_\_\_ Registration Fee \$100 (Per Week): \_\_\_\_\_

Payment Type (Cash/Check/CC-Debit/Visa/MC): \_\_\_\_\_

Name on Card: \_\_\_\_\_ # on back: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Address where card is sent: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_