

FREE



G.R.E.A.T. SUMMER DAY CAMP

FOR YOUTH AGES 9-14

JUNE 8TH – AUGUST 21ST

MONDAY–FRIDAY

9AM–3PM

LOCATION:

**402 3RD ST, SAWYER
(OLD NAVAL RESERVE FACILITY)**

SEE MAP ON BACK

ACTIVITIES:

**GOLF
MOVIES
GREAT LESSONS
WATER GAMES
BOARD GAMES
GYM GAMES**

**DODGE BALL
FIELD TRIPS
VOLLEYBALL
CROQUET
CARDS
PICNICS**

**GARDENING
BASKETBALL
BASEBALL
ARTS & CRAFTS
SOCCER
COMM. PROJECTS**

APPLICATIONS AVAILABLE AT:

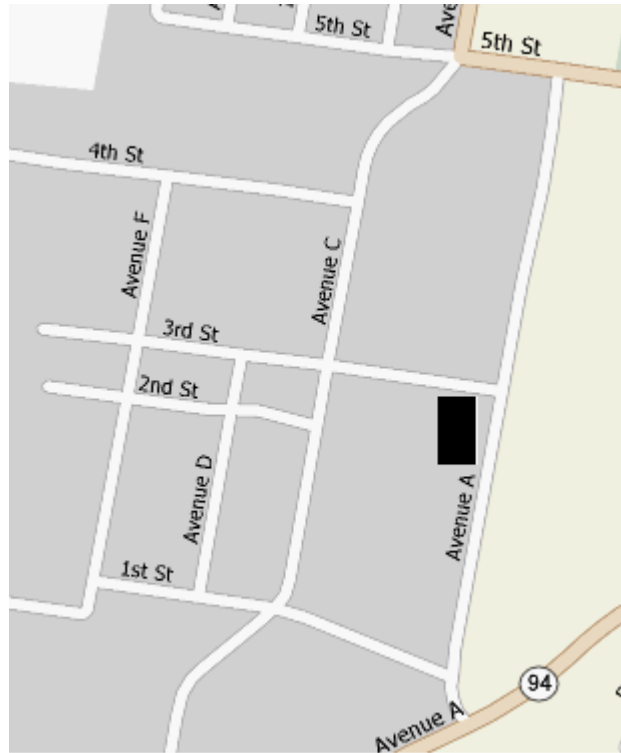
WWW.GREATMGT.COM

**ONGOING REGISTRATION THROUGHOUT THE SUMMER
LIMITED SPACE**

CONTACTS:

**CORPORAL LOWELL LARSON
LOWELLLARSON@MQTCTY.ORG (BEST WAY)
346-2412 (G.R.E.A.T. BUILDING)**

The G.R.E.A.T. Summer Program will be located at:



402 3rd Street, Sawyer

The Old Naval Reserve Facility

Southwest corner of Avenue A and 3rd Street

Office Phone: 346-2412

Keep this first page for your reference

G.R.E.A.T. Summer Program Registration Form

Participant Name: _____ Date of Birth: ____/____/____

Parent/Guardian Name: _____ Cell#: _____

Work #: _____

Email: _____

Parent/Guardian Name: _____ Cell#: _____

Work #: _____

Email: _____

Address: _____

Note: Please provide email addresses as they provide an easy and effective way of communicating with the G.RE.A.T. Summer Program staff

Emergency Contact Information (Other than parent or guardian)

Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

G.R.E.A.T. Summer Program

Rules

- 1) A current G.R.E.A.T. application, signed accident waiver, and signed rules must be on file with the staff before participants can become involved in G.R.E.A.T. program activities.
- 2) Participants will be required to treat themselves, other participants, the general public, and staff with dignity and respect.
- 3) Participants will participate in a positive and sharing manner and not use profanity or behave in a disruptive manner.
- 4) When using program equipment, care will be taken so that nothing is damaged or destroyed. Any and all damage will be reported to the staff immediately.
- 5) Any injury or illness of a participant will be reported immediately to the staff.
- 6) At all times, participants will follow the directions of the staff.
- 7) No fighting or bullying.
- 8) No participants will bring or have in possession drugs, tobacco, alcohol, energy drinks, gang-related clothing or paraphernalia, or weapons.
- 9) If food and/or drinks are brought to the program, the participant who brought the items will be responsible for cleaning up any messes created.
- 10) No loitering will be allowed outside the facility by participants or non-participants.
- 11) When being transported in a program vehicle, participants will follow staff directions, use all safety devices (i.e. safety belts), and not be disruptive.
- 13) No member will separate from the G.R.E.A.T. group without prior permission from a staff member.
- 14) Unless otherwise stated, participants will be responsible for paying for their own refreshments and/or souvenirs.
- 15) Participants will dress appropriately for the program and weather.
- 16) Participants will follow all guidelines that the staff feels are necessary to ensure the safety of the participants.
- 17) Participants will follow any additional rules of facilities that the G.R.E.A.T. Program utilizes.
- 18) Participants must be signed in **by 9:00 AM** to participate in any daily activities.

I understand the above stated rules and agree to follow them. Should I violate these rules, I understand that I may lose privileges and/or be removed from the G.R.E.A.T. Summer Program.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

G.R.E.A.T. SUMMER PROGRAM

Photographic Release Form

I, _____ (printed parent/guardian name), hereby grant permission to the County of Marquette, its employees or representatives, to take and use photographs, videotape, and digital images of my child, _____ (print child's name) for use in promotional or educational materials such as printed publications or materials, electronic publications or presentations, and web sites.

I agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of the County of Marquette.

I hereby fully and forever discharge and release the County of Marquette from any claim for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs of my minor child by the County, and covenant and agree not to sue or otherwise initiate legal proceedings against the County for such use or publication on my own behalf of my minor children. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE: _____

Return Completed Packet to:

Drop-off at: The Sawyer Village Shoppette
126 Voodoo Ave W
Gwinn, MI 49841

OR

Mail to: G.R.E.A.T. Program
402 3rd Street
Gwinn, MI 49841