



change the world.

1 Ford Place, 1F
Detroit, MI 48202

PHONE 313.874.6625
FAX 313.874.6665

www.cityyear.org

February 9, 2010

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Dear Parent and/or Gaurdian,

We are writing to invite your child to apply to City Year Detroit's **FREE** spring break camp. City Year Detroit is a non-profit organization that works with the Detroit Public Schools to sponsor tutoring, mentoring and after school programs. The camp will take place during the week of April 5-9, 2009 from 9:00 a.m. to 3:00 p.m. Breakfast, lunch, and a snack will be provided.

There will be two locations for camp this year: **St. Anne's Church** and **Prevailing CDC** please select the location that will be the easiest because City Year does not provide transportation to or from camp.

The theme of this year's camp is **Cruisin' the USA** and students participate in activities including sports, games and crafts related to different regions of the country. Due to the nature of the activities we only accept students in **GRADES 2 – 5**. The activities will be inappropriate for younger students.

In order to register for camp, please read carefully and complete all enclosed materials and return to your school/community center if it has a drop-box or:

City Year Detroit
Attn: Camp Directors
One Ford Place 1F
Detroit, MI 48202

City Year Detroit is an innovative non-profit youth organization, which brings together a diverse group of young adults, ages 17 to 24, for a year of full-time volunteer community service, leadership development and civic engagement. With a focus on enriching the learning environment of K-12th grade students and trained in tutoring, corps members serve in eight Detroit public schools and perform transformative human needs and physical service projects throughout the community.

Yours in Service,

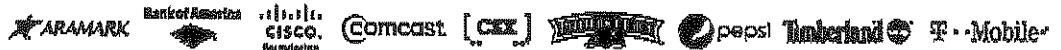
Leigh Wedenoja

Andrew Broadworth

Camp City Year Recruitment Coordinators



NATIONAL LEADERSHIP SPONSORS



Boston • Chicago • Cleveland • Columbia • Columbus • Detroit • Little Rock/North Little Rock • Los Angeles • Louisiana • Miami • New Hampshire
New York • Greater Philadelphia • Rhode Island • San Antonio • San Jose/Silicon Valley • Seattle/King County • South Africa • Washington, DC

CITY YEAR DETROIT

Cruisin' the U.S.A.

FREE Spring Break Day Camp

April 5 - 9, 2010
9:00 am - 3:00 pm

**St. Anne's
Church**

1000 Saint Anne St
Detroit, MI 48216

**Prevailing
CDC**

5439 W. Warren
Detroit, MI 48210

PARENTS ARE RESPONSIBLE FOR THEIR CHILD'S TRANSPORTATION

Breakfast

LUNCH

Snack

Games

Sports

Crafts

And MORE!

It's a great time for the kids to explore our nation with their imaginations. Have your **2nd-5th Graders** experience the wonders of major U.S. cities and states with our **Free Day Camp!!!**

Activities will teach children about the many different landmarks and regions throughout our country. From Detroit to Hollywood, there will be tons of fun for everyone!

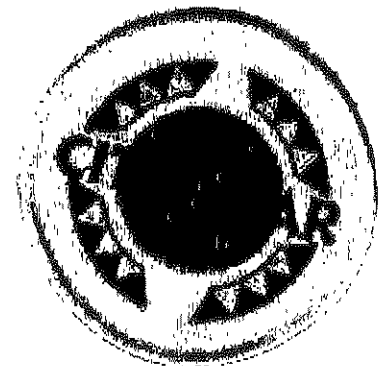
For more information contact us at:

(313) 874-6148

Applications can be returned to your local school.

It can also be mailed or faxed as well:

City Year Detroit
One Ford Place, Suite 1F
Detroit, MI 48202
Fax: (313) 874-6883



CAMPER 1 _____

Last Name First Name

CAMPER 2 _____

Last Name First Name



Cruisin' the USA

City Year Spring Break Day Camp

April 5, 2010- April 9, 2010

9:00 am-3:00 pm

Grades 2-5

Please indicate which site your child will attend (subject to availability):

PREVAILING CDC
5439 W. Warren Ave
Detroit, MI 48210

St. Anne's Church
1000 Saint Anne Street
Detroit, MI 48216-2027

****Please note: Parents are responsible for providing their child's transportation****

FAMILY REGISTRATION INFORMATION

Parent Name Last Name Street Address City Zip

Work Name & Address

Work Phone Number: _____

Cell Phone Number: _____

Email Language Spoken at Home Home Phone Number: _____

CAMPER 1 REGISTRATION

Child's First Name Last Name Date of Birth

Male Female

School Child Attends Grade

Youth Size: XS S M L XL XXL

CAMPER IDENTIFYING INFORMATION

(Please attach a current photo if available):

Eye Color Brown Green Hazel Blue

Hair Color Black Brown Blonde Red

Height: ___ Feet ___ Inches Weight: ___ lbs

Identifying Marks: _____

Race/Ethnicity (optional):

- African American American Indian/Alaskan Native
- Anglo/Caucasian Asian American/Pacific Islander
- Hispanic/Latino Multi-ethnic
- Other: _____

CAMPER 2 REGISTRATION

Child's First Name Last Name Date of Birth

Male Female

School Child Attends Grade

Youth Size: XS S M L XL XXL

CAMPER IDENTIFYING INFORMATION

(Please attach a current photo if available):

Eye Color Brown Green Hazel Blue

Hair Color Black Brown Blonde Red

Height: ___ Feet ___ Inches Weight: ___ lbs

Identifying Marks: _____

Race/Ethnicity (optional):

- African American American Indian/Alaskan Native
- Anglo/Caucasian Asian American/Pacific Islander
- Hispanic/Latino Multi-ethnic
- Other: _____

CAMPER 1 NAME _____

CAMPER 2 NAME _____

EMERGENCY AND MEDICAL INFORMATION

CAMPER 1 INFORMATION

Describe any Allergies and their severity (does child react to smell, ingestion, physical contact etc. _____

List any medications with dosage and time to be taken _____

Limitations on activities _____

Chronic Health Conditions _____

Dietary Restrictions:

- Vegetarian Vegan Kosher No Dairy
- Gluten Allergy Peanut Allergy Other _____

CAMPER 2 INFORMATION

Describe any Allergies and their severity (does child react to smell, ingestion, physical contact etc. _____

List any medications with dosage and time to be taken _____

Limitations on activities _____

Chronic Health Conditions _____

Dietary Restrictions:

- Vegetarian Vegan Kosher No Dairy
- Gluten Allergy Peanut Allergy Other _____

Child 1 Primary Doctor/Pediatrician: _____ Phone #: (____) _____

Insurance Carrier: _____ Policy #: _____ Phone #: (____) _____

Child 2 Primary Doctor/Pediatrician: _____ Phone #: (____) _____

Insurance Carrier: _____ Policy #: _____ Phone #: (____) _____

DISMISSAL INFORMATION:

Please note that camp hours are **8:30 a.m. to 3:00 p.m.** City Year staff, Corps Members, and volunteers are not responsible for campers before or after these times.

Parents **MUST** enter the building to pick up students, or students will not be released, if students take the bus they will be escorted to the bus stop **AFTER** all other students are picked up by parents

Please check one of the following:

- The following person(s) will pick up my child/children: _____
Relationship to child/children: _____
- My child/children will take public transportation to and from camp. Bus # _____
- My child/children will walk to and from camp.

Please Note Friday, April 9, 2010 Spring Break Day Camp will be hosting a potluck for the students. Dishes will need to feed 15-20 children. Would you be willing to share a dish?

___YES___ ___NO___

Return application & waiver to:

**City Year Detroit
Attn: Camp Directors
One Ford Place 1F
Detroit, MI 48202**

PARENTAL CONSENT FORM

All consent forms must be completed before participants can take part in the volunteer program.

PERMISSION TO PARTICIPATE

INFORMED CONSENT FOR PARTICIPATION, WAIVER OF LIABILITY, AND AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I, _____, being the parent/legal guardian of _____, a minor, do hereby consent to his/her participation in voluntary projects, events, and programs sponsored and/or organized by City Year. I understand that he/she is responsible for his/her behavior and will only perform volunteer work or participate in activities that he/she is comfortable doing. Having read this waiver and knowing these facts and in consideration for the acceptance the above-named minor's participation in City Year's organized and/or sponsored projects, events, and programs, I do hereby waive and release City Year, the sponsors, their staff and all persons directly or indirectly related to the program of any project my son/daughter works on, from any and all claims that may arise as a result of any expenses, personal injury, loss or damages incurred by my son/daughter during his/her participation in a City Year volunteer program. I understand the staff is trained in first aid and I authorize them to give my child first aid when staff deems it appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached in the case of accident or illness, I grant City Year staff members the power to authorize emergency medical treatment necessary for my child. In the event I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment of all other related care, including the administration of drugs, tests, injuries, anesthesia and/or blood transfusions to the above named minor person that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports to any doctor or agency and consent to the admission of the above named minor person to the hospital.

Signature of Parent/Guardian

Date

PERMISSION TO PARTICIPATE IN EVALUATION STUDIES

INFORMED CONSENT FOR VOLUNTEER EVALUATION

As part of your child's participation in the City Year volunteer program, he/she may be asked to participate in an evaluation of this program. One purpose of the evaluation is to see whether City Year volunteer opportunities and/or programs make a difference to the young people who participate in them. We will ask about their interests, activities, and attitudes, as well as some background information about family. All information will be used only to evaluate the City Year volunteer opportunities and/or programs; no information will be used to evaluate any of the people participating. We do not anticipate any risks to the young people because of their participation. The information we gather for this study will be kept confidential and will not be linked with any person's name. Materials will be stored without any names attached. If you have any questions, please call Ed Scott at (313) 874-6058. The study may include the following activities: surveys, interviews, group interviews and observations of program participants.

I understand that participation in this study is voluntary and that I can request at any time that my son/daughter be withdrawn from the study. I consent to my son/daughter's participation in this evaluation study of the City Year volunteer program.

Signature of Parent/Guardian

Date

PERMISSION TO TAKE AND USE PHOTOS AND QUOTES

INFORMED CONSENT FOR PARTICIPANT REPRESENTATION IN PUBLICATIONS

In order to promote community and national service, City Year relies on the use of photos and quotes from participants. As such, I hereby authorize and grant permission for City Year to use any photos, film, digital imaging, videos, verbal and written statements of the above stated participant or their likeness for promotional, web usage, or other uses by City Year either associated with the project, event, program, or otherwise. I acknowledge that I will not receive compensation for the use of such materials, and I hereby waive any and all claim to any such compensation.

Signature of Parent/Guardian

Date

PERMISSION TO TRANSPORT YOUTH

I hereby give permission for City Year to transport my son/daughter, which may include public transportation, on all service projects inside the Metro Detroit area.

Signature of Parent/Guardian

Date