



Syracuse City School District
***Building Men Summer Institute ***
@ Roberts, Lincoln, and Grant Schools
Monday - Thursday (July 6 - August 12)

GRADES - Current 6th, 7th, & 8th Graders
9:00 a.m. - 3:00 p.m.
Academic classes from 9:00 a.m. to 12:00 a.m.
Building Men Sports Camp from 12:00 a.m. to 3:00 p.m.

STUDENT APPLICATION/ EMERGENCY/TRANSPORTATION FORM

Student: _____ DOB: _____ Current Grade: _____

Current School: _____ Student ID# _____

Parent/Guardian Name: _____

Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Receives Special Education IEP Services Yes/No _____

Pick **ONE** Sports Camp Basketball @ Lincoln MS: _____

Football @ Roberts K-8: _____ Soccer @ Grant MS _____

In case of an emergency and parent/guardian is unavailable, I authorize the following people to provide care for my child:

Name: _____ Relationship _____ Phone: _____

Transportation: Please complete this section with student's AM pick-up or PM drop-off address. Please note that any change of address after June 5 may take a waiting period of up to 5 days to process.

AM Pick-up Address: _____

PM Drop-off Address: _____

My child will be picked up (by an Adult). My child will walk home without being signed out by an adult

**Please turn in Application to your school's Building Men Program Staff or mail to HW
Smith School - 1130 Salt Springs Road, Syracuse, NY 13224**

Please contact Joe Horan at 315-440-4357 with any questions about program.

STUDENT HEALTH/SPECIAL ALERTS

PLEASE PROVIDE INFORMATION FOR YOUR CHILD	IF "YES" PLEASE PROVIDE DETAILS
Does your child have any known allergies?	
Does your child require an Epi-Pen?	
Does your child have any dietary concerns or restrictions?	
Does your child wear glasses or contact lenses?	
Please provide any physical limitations	
Does your child need any medications during school hours? Is this medication in the nurse's office?	

This information will be kept confidential and shared with only those who need to know such as the school nurse, classroom teachers, transportation, building administrator.

Building Men Shirt Size (please check one):

S _____ **M** _____ **L** _____ **XL** _____ **2XL** _____

Parent Contract: I agree to attend (or have a family representative) a Parent meetings as part of my son's participation in this camp.

My best time is: Day _____ **Time** _____

**Summer Program
Media Release Form**

Please check one of the following items pertaining to publicity of our programs and sign below.

I give my permission for _____ to have his/her picture taken for release to the local newspapers and television stations in connection with the Syracuse City School District Summer Program activities.

I do not give permission for _____ to have his/her picture taken for release to the local newspapers and television stations in connection with the Syracuse City School District Summer Program activities.

Signature of Parent/Guardian

Date