

SCHOOLS ONLY: Please forward this application to Joseph Horan at Grant Middle School after the students have submitted it to their main office or guidance office.

SCSD Building Men Summer Institute



The Summer Institute Sports Camp engages boys in the following areas: academics, character building, healthy masculinity, physical training, sports, and leadership. We provide the young men opportunities to explore becoming a complete athlete, physically, mentally, socially, and in spirit.

If you are interested in registering your child for this program, please fill out this form and turn it into your school's main or guidance office by June 6.

Student Information

Student Name (First & Last) _____

Student ID _____ Current School _____

Email _____

Please mark your child's current grade level
(For 6th, 7th, and 8th grade students)

6

7

8

Will the student require transportation? (Please circle one) Yes No

Contact/ Emergency Information

Parent/Guardian Name (First & Last) _____

Address (#, Street, Zip) _____

Phone (Main) _____ Phone (Second Option) _____

Email Address _____

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

Name _____ Relationship _____ Phone _____

Program - Please rank your preference of site location: 1, 2, or 3 (1 being most and 3 being least)

Frazer

Huntington

Roberts

Permission for Photo/Video Release

I give permission for _____ (student name) 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 _____ (student name) 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.

Parent/Guardian Signature _____ Date _____

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Health/ Special Alerts

This information will be kept confidential and shared only with those who should be made aware such as the school nurse, teachers or assistants, transportation, and/or building administrators.

Does your child have any known allergies? No Yes (Details) _____

Does your child require an Epi-Pen? No Yes (Details) _____

Does your child have any dietary concerns or restrictions? No Yes (Details) _____

Does your child wear glasses or contact lenses? No Yes (Details) _____

Does your child have any physical limitations No Yes (Details) _____

Does your child need any medications during school hours? No Yes (Details) _____

Is this medication in the nurse's office? No Yes (Details) _____

Pick-Up/ Walk/ Bus

Please note that any change of address should be brought to your school immediately. A change in address may take a waiting period of up to 5 days for transportation. Please select one student option.

I will pick my child up from school

I give my child permission to walk home without being signed out by an adult

I would like my child to ride the bus. Student or childcare provider must live 1 mile or more from the summer school site to receive transportation. If you are requesting transportation, please list your pick-up and drop-off addresses:

AM Pick-Up Address _____

PM Drop-Off Address _____