



# 4EverFresh Girls, Inc Summer 2023: Creators Camp Rising 6<sup>th</sup>- 8<sup>th</sup> Grade Girls

*4 Ever* FRESH GIRLS, INC.

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Child's Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Contact Number \_\_\_\_\_

Contact email \_\_\_\_\_

**Camp Dates: 6/19 – 7/29**

Please select the camp activities that interest your child most:

- |  |   |
|--|---|
| <input type="checkbox"/> Taking Pictures/Photography   | <input type="checkbox"/> Interviewing Others                  |
| <input type="checkbox"/> Filming Content of Themselves | <input type="checkbox"/> Video Editing                        |
| <input type="checkbox"/> Filming Content of Others     | <input type="checkbox"/> Clothing Construction/Fashion Design |
| <input type="checkbox"/> Writing or Oral Storytelling  | <input type="checkbox"/> Cooking/Culinary Arts                |

**Emergency Contact Info:**

*Contact #1:*

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

*Contact #2:*

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Pick-Up Authorization: PLEASE WRITE NAMES CLEARLY**

1. \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Phone: \_\_\_\_\_
3. \_\_\_\_\_ Phone: \_\_\_\_\_

**Health:**

Include any health concerns + any known allergies (including food allergies)

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***Medical Release Agreement and Parental Consent***

Camp participants are expected to carry their own accident and/or medical insurance. Camp instructors, volunteers and chaperones are safety conscious and follow appropriate safety procedures. In the event of injury or illness, every effort will be made to contact the parent or guardian. If necessary, I authorize 4EverFresh Girls, Inc to administer first aid and/or authorize medical treatment if this becomes necessary. The above-named student has had a medical examination within the last twelve (12) months and is capable of participating in camp activities.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

Questions or concerns? Email Us!

Contact: [shantell@4everfreshgirlsinc.com](mailto:shantell@4everfreshgirlsinc.com)