



I AM...Leadership Academy
KidzFit2Lead Virtual Summer Camp 2021
Enrollment Application

www IAMLeadershipAcademy.org

Phone: 302-314-5230 Fax: 302-366-4050

Student Information

Last Name First Name
Street Address City
State Zip Home Phone
Gender Age DOB Grade
Name of current school

Parent or Guardian Information

First Contact Second Contact
Daytime Phone Daytime Phone
Cell Phone Cell Phone
Email Email

List any leadership experience, if applicable:

Five horizontal lines for listing leadership experience.

What clubs, sports, or extracurricular activities are you involved in?:

Three horizontal lines for listing clubs, sports, or extracurricular activities.

List any experience with the Arts (performing arts, etc) or technology (computer, gaming, Microsoft, Coding, etc.) , If Applicable:

Please list any health issues, injuries or physical limitations:

Do you give I AM Leadership & Technical Academy permission to use your child's photo in the program brochure and/or other print or online materials? ____ **YES** ____ **NO**

- **PLEASE NOTE:** The Director reserves the right to withdraw any participant who does not abide by the rules and policies of this school and/or whose influence and/or actions are deemed harmful, or inappropriate. I certify that I have read and understand the information detailed in this application and that the information I have given and released is correct and true.
- **EMERGENCY CARE:** In case of emergency, if a parent or guardian cannot be reached, I hereby grant permission to Christiana Hospital Emergency Department to provide urgent medical treatment for my child, including sutures and X-rays, if necessary.
- **RELEASE OF LIABILITY:** By signing this form I release I AM...Leadership & Technical Academy, its affiliates, and the school district from liability for any injuries that my child may incur while on school property or on school field trips.
- By signing this form I am consenting that my child is in good physical condition and is not under the care of a Medical Doctor. A copy of an updated health appraisal form is required before the first day of camp. If your child has any physical limitations, a note from his/her doctor will be required as well.

Signature of Parent/Guardian _____

Date _____

This program will comply with regulations of the State of Delaware and the Federal Government and will not discriminate against anyone.