



2018 Registration Packet

Completed Packet Checklist:

- Summer Youth Demonstration Project Student Profile Form (if registering your child for Job Abilities Camp)*
- Summer Youth Program Student Profile form (if registering your child for Camp Achieve)*
- Camp Choice & Emergency Information Form*
- Current IEP or 504 Plan (just need the current plan)*
- Parent Notice and Consent to Share Form*
- Media Release Form*

Summer Youth Demonstration Project Student Profile Form

Date: _____	School Student Attends: _____	Grade: _____
Last Name: _____	First Name: _____	MI: _____
Date of Birth: _____	Social Security Number: _____	
Sex (Circle One): Male, Female, Does not wish to self-identify		
Student Phone Number: _____	Student email address: _____	
Street Address: _____	City: _____	Zip Code: _____

Does the student have a current IEP or 504 Plan? Yes or No

Is the student currently enrolled in STAR or a VR Customer? Yes or No

Parent or Guardian Information

Parent/Guardian Name: _____	Relation to Student: _____
Street Address: _____	City: _____ Zip Code: _____
Phone Number: _____	Secondary Phone Number: _____
E-mail Address: _____	
Parent/Guardian Name: _____	Relation to Student: _____
Street Address: _____	City: _____ Zip Code: _____
Phone Number: _____	Secondary Phone Number: _____
E-mail Address: _____	
<i>I agree to be contacted by Vocational Rehabilitation staff for feedback following the conclusion of the Summer Youth Demonstration Project. <input type="checkbox"/> Yes or <input type="checkbox"/> No</i>	

I acknowledge that this information is correct and has been completed to the best of my ability.

Student Signature:

Date:

Parent or Guardian Signature:

Date:

Provider Signature:

Date:

Summer Youth Program Student Profile Form

Date: _____	School Student Attends: _____	Grade: _____
Last Name: _____	First Name: _____	MI: _____
Date of Birth: _____	Social Security Number: _____	
Sex (Circle One): Male, Female, Does not wish to self-identify		
Student Phone Number: _____	Student email address: _____	
Street Address: _____	City: _____	Zip Code: _____

Does the student have a current IEP or 504 Plan? Yes or No

Is the student currently enrolled in STAR or a VR Customer? Yes or No

Parent or Guardian Information

Parent/Guardian Name: _____	Relation to Student: _____
Street Address: _____	City: _____ Zip Code: _____
Phone Number: _____	Secondary Phone Number: _____
E-mail Address: _____	
Parent/Guardian Name: _____	Relation to Student: _____
Street Address: _____	City: _____ Zip Code: _____
Phone Number: _____	Secondary Phone Number: _____
E-mail Address: _____	
<i>I agree to be contacted by Vocational Rehabilitation staff for feedback following the conclusion of the Summer Youth Program. <input type="checkbox"/> Yes or <input type="checkbox"/> No</i>	

I acknowledge that this information is correct and has been completed to the best of my ability.

Student Signature:

Date:

Parent or Guardian Signature:

Date:

Provider Signature:

Date:

Student's Name _____

Please circle the camp(s) your child will be attending (only 1 location per camp):

Job Abilities Camp

Hamilton County
June 18-27, M-Th
(8:00 am - 4:30 pm, 56 hrs)

Leon County
June 4-12 OR June 18-26
(8:00 am - 4:30 pm, 56 hrs)

Madison County
May 29 - June 6
(8:00 am - 4:30 pm, 56 hrs)

Suwannee County
June 4-13, M-Th
(8:00 am - 4:30 pm, 56 hrs)

Camp Achieve

Hamilton County
July 23 - August 1, M-Th
(8:00 am - 4:30 pm, 56 hrs)

Leon County
July 9-17 OR July 23-31
(8:00 am - 4:30 pm, 56 hrs)

Suwannee County
July 9-18, M-Th
(8:00 am - 4:30 pm, 56 hrs)

Emergency Information

Emergency Contact Name _____ (in case a parent/guardian cannot be reached)

Phone Number (_____) _____ Alternate Number (_____) _____

Does the student have any allergies? Yes _____ No _____

If yes, please list allergies. _____

Any other information you feel we should know about your student: _____

Important: Please attach a copy of your child's current IEP or 504.

In order to provide this camp free of charge, we must have a copy of your child's current IEP or 504 plan. You can contact your child's ESE coordinator for a copy. If you need assistance obtaining this information, please contact our office at (850) 973-4614.

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I understand that lunch and transportation is only provided where available and that I may be responsible for providing lunch and transportation to and from the camp for my child. I understand that all campers must attend for at least 52-hours to be considered a successful completion. Additionally, I understand that campers are expected to follow camp rules at all times.

Parent Signature _____ Date _____

Student Signature _____ Date _____



Division of Vocational Rehabilitation (VR)

Parent Notice and Consent to Share Personal Information

Dear Parent, Guardian or Adult Student,

The VR Summer Youth Program that _____

Student's Printed Full Name

is selecting to participate in is offered in collaboration with the Department of Education, Division of Vocational Rehabilitation (VR). The service provider who will deliver the services is required to demonstrate that the student is eligible to participate in this program. The provider must submit to VR an Individual Education Plan (IEP), 504 Plan or other documentation identifying the youth as a student with a disability. In order to protect the confidentiality of the student, a parent, guardian or adult student whose rights have transferred must provide written informed consent before the provider may share this information with the Florida Division of Vocational Rehabilitation.

In accordance with State Board of Education Rule 6A-6.03028, Florida Administrative Code (F.A.C.), consent must be obtained before personally identifiable information is released to officials of participating agencies. Personally identifiable information may include student name, exceptional student classification, date of birth, psychological, educational, medical and other information deemed appropriate to document the student's disability status.

We are requesting your consent to share personally identifiable information with the Florida Division of Vocational Rehabilitation.

Please check the appropriate box indicating your consent or refusal. Be sure to sign and date the form before returning to the provider.

I understand the provider is asking my permission to share personally identifiable information with the Florida Division of Vocational Rehabilitation and that my consent is voluntary and may be revoked at any time.

I give my consent for the provider to share personally identifiable information about my student with the Division of Vocational Rehabilitation.

I **DO NOT** give my consent for the provider to share personally identifiable information about my student with the Division of Vocational Rehabilitation.

Printed Name

Signature

Date

Media Release Form

I, _____, hereby grant permission to The Arc Big Bend, Inc., the rights of my image, in video or still, and the likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

Photographic, audio or video recordings may be used for ANY USE which may include, but is not limited to:

- Presentations
- Courses
- Online/Internet Videos
- Media (including social media)
- News (Press)

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in printed media.

This release applies to photographic, audio, or video recordings collected during the 2018 summer camps. I also understand that this release has no expiration.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material.

Full Name _____

Street Address/P.O. Box _____

City _____ State _____ Zip Code _____

Phone _____

Email Address _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature _____ Date _____