



Summer Achievers Registration Form

Check Location

- MLK Jr Youth Services/YAP
- James Kenney Community Center

IMPORTANT: Registration forms and all documentation must be turned in to the community center your child plans to attend.

- MLK Jr Youth Services Center/YAP: 1730 Oregon St, Berkeley. For questions, contact Jasmine at 510-981-6671 or email jgunnvaca@cityofberkeley.info
- James Kenney Community Center: 1720 8th St, Berkeley. For questions, contact Loren at (510) 981-6651 or email lasmussen@cityofberkeley.info

REQUIREMENTS: Camper must be a Berkeley resident or student who attends a Berkeley school.

Participant Information				
First Name: _____	Gender	Grade	Age	Date of Birth
Last Name: _____	<input type="checkbox"/> Male			____/____/____
	<input type="checkbox"/> Female			
Main Contact Parent/Guardian Information				
Last Name: _____ First Name: _____ Email: _____				
Home Address: _____ City: _____ Zip: _____				
Daytime Phone: _____ Evening Phone: _____				
Emergency Contact (other than Parent/Guardian phone numbers noted above)				
Full Name: _____ Relationship: _____ Phone: _____				
Proof of Berkeley Residency *must be current (<i>Check One</i>) <input type="checkbox"/> Utility Bill <input type="checkbox"/> Driver's License / State ID <input type="checkbox"/> Other (explain): _____ _____	Proof of Berkeley School *must be current (<i>Check One</i>) <input type="checkbox"/> Acceptance letter from BUSD <input type="checkbox"/> Copy of Report Card <input type="checkbox"/> Class Schedule <input type="checkbox"/> School I.D.	Incoming 6th grader through outgoing 8th grader *Check which Berkeley School your child will attend in the Fall <input type="checkbox"/> Longfellow Middle School <input type="checkbox"/> Martin Luther King Middle School <input type="checkbox"/> Willard Middle School <input type="checkbox"/> Other _____		
Does your child have any physical/cognitive disabilities? If so, please list and explain. <input type="checkbox"/> YES <input type="checkbox"/> NO				
Does your child have any allergies? If so, please list and explain. <input type="checkbox"/> YES <input type="checkbox"/> NO				
Does your child have permission to walk home after the program? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Select which session(s) your child(ren) will attend (*No program June 19 and July 4*)				
<input type="checkbox"/> Session 1: June 5-9	<input type="checkbox"/> Session 3: June 20-23	<input type="checkbox"/> Session 5: July 3-7	<input type="checkbox"/> Session 7: July 17-21	
<input type="checkbox"/> Session 2: June 12-16	<input type="checkbox"/> Session 4: June 26-30	<input type="checkbox"/> Session 6: July 10-14	<input type="checkbox"/> Session 8: July 24-28	
Consent and Release from Liability				
In consideration of permission to participate in Recreation Programs, I for myself, heirs, successors, and assigns, agree to release, defend, indemnify and hold harmless the City, its officers, agents, volunteers, and employees from and against any claims, demands, liability, damages, lawsuits, or other actions, including but not limited to, personal injury or death or property damage arising out of or in any way connected with my participation or the participation of my child/ward in Recreation Programs.				
Signature of Parent/Guardian: _____ Date: _____				
<input type="checkbox"/> Photo Release: I give my consent to allow the City of Berkeley to use any photographed images of my child/self in promotional materials and/or its website.				