

“Own-It” Summer Camp Application

Full Legal Name of Child _____

Address _____

City _____ Zip-code _____

Phone Number _____ Cell Number _____

Date of Birth _____ Social Security Number _____ - _____ - _____

Parent / Legal Guardians Name _____

Medical Information:

Who should be called in case of an emergency?

Name _____ Phone Number _____

Please list any allergies your child may have; _____

I give permission for _____ to ride with an Own-It Team
Childs Full Name

Leader(s) to and from all community service activities. I hereby release, unconditionally,

and forever, any claim(s) against the Own-It Camp, and the Southwest Michigan

Scholarship Program Inc., its Directors, Officers, Volunteers, Staff, Agents and

Representatives, Corporate Sponsors, and Representatives of its program by virtue of

participation in this camp program or use of its name, including use of all promotional

and advertising materials.

Parent/Legal Guardian's Signature

Date

Please fill out the application and send to:

Southwest Michigan Scholarship Program
P.O. Box 623, Saint Joseph, MI 49085