



1520 Locust Street • Suite 1104 • Philadelphia, PA • 19102
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2016 Summer Debate Academy

Monday, July 25th-Friday, July 29th **AND** Monday, August 1st-Friday, August 5th, 9:00am-2:00pm Daily
At Carver HS of Engineering & Science, 1600 W. Norris St.

Student Information

Name of Student: _____ School _____ Grade: _____
Student Phone: _____ Student Email: _____

Parent/Guardian Information

1. Name of Parent/Guardian: _____ Home Address: _____
Home Phone: _____ Work Phone: _____
Mobile Phone: _____ Email: _____

2. Name of Parent/Guardian: _____ Home Address: _____
Home Phone: _____ Work Phone: _____
Mobile Phone: _____ Email: _____

Emergency Contacts

If the parents/guardians cannot be reached, ASAP will contact the people listed below. The people listed below should be responsible individuals who can 1) give permission to administer health care; 2) pick up your child if your child is ill; 3) have the authority to speak on behalf of the parents or legal guardians.

Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Mobile Phone: _____	Mobile Phone: _____

Health Information

Please provide the following medical information. If your child does not have any health conditions, write "none".

Medication(s) being taken by student: _____
Allergies to foods, drinks, insect, bites, medications, other: _____
Other medical information: _____
Physician's Name: _____
Medical/Hospital Insurance: _____ Group: _____ Type: _____

I understand that in case of any emergency requiring medical treatment, every effort will be made to reach one of the people listed above. If none of these people can be contacted, I authorize ASAP to give consent to treatment as deemed necessary by emergency responders.

Photography Consent

I hereby grant ASAP/After School Activities Partnerships permission to display in the news media or electronically via the Internet or in other forms, the artwork, project or other display created by my child in connection with the after school program provided through ASAP. In addition, I grant ASAP/After School Activities Partnerships permission to use my child's photograph to reproduce, copyright, publish or circulate in the news media, electronically or in displays. I also consent the use of my child's name, grade level and school.

I understand that my student is responsible for travel to and from the academy, as well as responsible for bringing a bag lunch each day. ASAP/After School Activities Partnerships will provide a small snack and water to drink. I hereby warrant that I am authorized to give this permission. I further warrant that the information I have provided is, to the best of my knowledge, true and accurate.

Print Name of Parent(s) or Guardian(s): _____
Signature of Parent(s) or Guardian(s): _____ Date: _____

To reserve your student's spot at the 2015 Summer Debate Academy, please email, mail, or fax this form to ASAP.