



GALA, Inc.
P.O. Box 128
Hagatna, Guahan 96910
Telephone: (671) 969-5483
Email: galaguam.apa@gmail.com

GALA 2023 SUMMER POWER CAMP

Summer Power Camp Overview:

GALA, Inc.'s 2023 Summer Power Camp is supported by a grant from the Guam Economic Development Authority (GEDA) and the Guam Behavioral and Wellness Center (GBHWC) in partnership with University of Guam (UOG), Cooperative Extension & Outreach, Guam Department of Public Health and Social Services (GDPHSS), Summer Town, and other partners. The summer power camp will promote health and wellness among youth, especially in preventing substance use & suicide. Community representatives will also be invited as guest speakers to share additional health and wellness information or conduct activities with participants. Participants who successfully complete all program days will receive a gift incentive.

Summer Power Camp Details:

Eligibility: Open to all youth 8-15 years of age | Rate: Free Program/No Cost

Camp A May 21, 2023- June 14, 2023. 8:00 AM - 5:00 PM. Summer Town Estates (Dededo)
Camp B June 19, 2023 – July 12, 2023. 8:00 AM – 5:00 PM. Yona Community Center
Camp C July 17, 2023 – Aug. 4, 2023. TBA

Items Participants Need Daily (to be provided by parent/guardian):

- ✓ Lunch & Snacks (Preferably, items that do not require refrigeration OR a microwave; we recommend for the safety of other children that snacks/food items containing nuts to not be brought to camp, since it is a common food allergen.)
- ✓ Bottled water with your child(ren)'s name(s) on it
- ✓ Comfortable clothing for physical activities
- ✓ Slippers/flip-flops or comfortable shoes

For the safety of all campers, use of face mask is optional, however we do encourage measures that will help spread COVID and other health threats.

Summer Camp Policies

Attendance Notification Policy:

Parent(s)/Guardian(s) are expected to notify GALA Inc. of your child/children's absence or early dismissal from camp as soon as you are aware that he/she will not be absent call Hannah Mendiola at 671-487-4306/ 671-969-5483 or send an email to galaguam.apa@gmail.com.

Check-In & Pick-up/Walk Home Policy:

GALA staff member(s) will register your child at the facility each morning. Parent(s)/Guardian(s) picking up children must be individuals registered on file. If required, GALA staff member(s) will request proper identification and/or sign out their child at the time of pick-up each day in the presence of a GALA Inc. Transportation will not be provided. Additionally, GALA will not be held liable if you permit your child(ren) to walk to and from the campsite venue. Please see the additional section on pick-up/release.



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Severe Weather/Natural Disasters Policy:

When the weather is severe enough to cause cancellation of the summer camp, you will be notified by a GALA staff member using the contact number listed on the registration forms.

In the event of a natural disaster or any occurrence in which the program cannot remain in the designated area, children will be escorted and/or transported to designated response areas if necessary, and parent phone calls will be made from there

Summer Camp Participation and Agreement Form

Parent/Guardian Name: _____ Date: _____

Address: _____

Work Phone: _____ Mobile: _____ Email: _____

Please list all children to be enrolled in the summer power camp program.

Name: _____ Birth Date: _____ Gender: _____

School: _____ Grade: _____ Shirt Size: _____

Name: _____ Birth Date: _____ Gender: _____

School: _____ Grade: _____ Shirt Size: _____

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School: _____ Grade: _____ Shirt Size: _____

Name: _____ Birth Date: _____ Gender: _____

School: _____ Grade: _____ Shirt Size: _____

Name: _____ Birth Date: _____ Gender: _____

School: _____ Grade: _____ Shirt Size: _____

GALA will do its best to promote a fun learning environment for all camp participants. Please read this participation agreement section carefully with your child(ren) prior to their enrollment into the summer power camp program. Parents/Guardians by signing this Participation Agreement, you have gone over the following agreements with your child/children:

- I (and/or my minor child/children) volunteer willingly to participate in the 2023 GALA Summer Power Camp.
- I (and/or my minor child/children) will show respect to other campers, GALA staff or representatives, invited guest speakers, as well as the property venue.
- I (and/or my minor child/children) will refrain from using foul language or other forms of verbal abuse.
- I (and/or my minor child/children) will refrain from physical altercations with other members of the camp.
- I (and/or my minor child/children) will not be in possession of or smoke tobacco/e-cigs, drink alcohol, or use any other substances that may harm my health and well-being.
- I (and/or my minor child/children) will knowingly be in the presence of the GALA



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representatives to ensure my safety during camp events or activities.

- I (and/or my minor child/children) understand that participation in this program may be terminated if these agreements are violated.

Parent(s)/Guardian(s) Full Name (Print)

Signature

Date

Allergies, Asthma and Other Health Conditions

Please indicate the following as it best represents your child/children (if multiple children please include names of those affected):

Please initial:

No Allergies.

Yes, Food Allergies. Describe:

Yes, risk of anaphylaxis. (If yes, please attach an emergency allergy plan.)

Yes, Environmental Allergies. Describe:

Yes, my child has asthma and my child will have emergency medication such as an inhaler with him/her.

No, my child does not have asthma or any other respiratory concerns.

Other medical concerns, please specify:

Please attach written instructions and procedures regarding any issue listed above.

Medications Policy:

If your child/children is routinely/currently taking medications, please be advised that GALA will not administer medications or keep medication in the organization's possession. Please make the proper arrangement(s) for your child to take their medication. Administration of medication is strictly the parent/guardian's responsibility. In cases of medical emergency, the organization will contact 911 and/or other first responders; you or the person indicated as emergency contact will be notified promptly of any emergencies that may arise.



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Household Information

Custodial Parent/Guardian

Name: _____

Relation to campers: _____

Phone: _____

Mobile: _____

Email: _____

Secondary/Emergency Contact

Name: _____

Relation to campers: _____

Phone: _____

Mobile: _____

Email: _____

Address of Custodial Parent/Guardian (if different from child/children please indicate):

1. Village of Primary Residence: _____

2. Please list the total number of people residing in your household: _____

3. What is your household income?

___ Less than \$10,000

___ Less than \$15,000 (\$10,000 to less than \$15,000)

___ Less than \$20,000 (\$15,000 to less than \$20,000)

___ Less than \$25,000 (\$20,000 to less than \$25,000)

___ Less than \$35,000 (\$25,000 to less than \$35,000)

___ Less than \$50,000 (\$35,000 to less than \$50,000)

___ Less than \$75,000 (\$50,000 to less than \$75,000)

___ \$75,000 or more

___ Don't know / Not sure

___ No answer

4. Does any member of your household receive the following? Please check all that apply:

SNAP/Food Stamps

GHURA Housing/Section 8

Welfare

MIP/Medicare

WIC

None of the above

Release/Pick-Up Method/Protocols

Please be advised that transportation to and from the camp site will not be provided by GALA staff and is the responsibility of each camper's parent/guardian. Please list names of persons who you authorize to provide these transportation needs. We kindly ask, please be prompt when dropping off and picking up your child(ren) at the campsite. If you have multiple children enrolled in the summer camp, it is further understood that all children will be released/picked up by the persons indicated below.

1. Custodial Parent/Guardian: _____ Relation to child/children _____
2. Secondary Parent/Guardian: _____ Relation to child/children _____
3. Other, please list full name: _____ Relation to child/children _____

Please indicate other permitted means of dismissal (walking, bicycling, taxi, etc...):
 _____ (Parent/Guardian initial) My child(ren) will walk, ride a bicycle, ride a taxi, or take the bus to commute to/from camp venue.

Take note, GALA staff members may request for photo ID to authenticate who we are releasing the child/ren to. If a person not listed above arrives to pick up a camper, the camper will remain with camp staff until the parent/guardian has been contacted and has given verbal permission for the release. The parent/guardian may also send a signed note to make changes to this list.

I, the parent/legal guardian of the camper(s), have read, understood, and agreed to the above.

 Parent(s)/Guardian(s) Full Name (Print) Parent(s)/Guardian(s) (Signature) Date

Media Release (Photo/Video)

- YES, I give permission to GALA, Inc. and their partner organizations to use images/audio/video of my child(ren) during Summer Power Camp activities for the purpose of promotional media on all established professional GALA, Inc. and partner organization websites, to include its social media platforms.
- NO, I decline photos, video or other images of my child(ren) being taken.

 Parent/Guardian Name (Print) Signature Date

Waiver and Release of Liability

I hereby waive, release and covenant not to sue: GALA, Inc. any outreach or activity venue, their board members, affiliates, partners and designees in regards to any attendance, outreach activity, educational functional, promotional event: any and all activities related to my child/children's participation of GALA Inc.'s Summer Power Camp.

1. I do hereby, for myself, my heirs, administrators, executors, guardians, assigns, representatives, and next of kin, forever waive, release, discharge, and covenant not to sue GALA, Inc., its board of directors, staff, volunteers and/or community partners and all its associates and sponsoring Member, partners, etc. where the GALA Inc.'s Summer Power Camp, Events/Outreaches will be constructed. I further agree to indemnify, defend and hold them harmless from any loss, liability, cost, claim or damages arising from my participation in or association with activities and events organized and sponsored by GALA, Inc. and all its associates.
2. I hereby grant full permission to GALA, Inc. and all its associates to use any photographs, images, videotapes, digital recording, motion pictures, recordings or any other record of the activities of the above-named event for any legitimate purpose. All photographs, resumes or other submissions taken by or given to the GALA, Inc. shall be property of GALA, Inc. and all its affiliates. I grant permission to the agency to use my photo, image, article and/or story to promote GALA Inc.'s Summer Power Camp, Guam. I understand my child's image, photo, story or article may be reproduced in multiple print and electronic formats to include fliers, posters, resource guide and/or brochures and will be distributed locally, regionally, nationally and internationally.
3. I hereby understand that my child's participation or volunteer service in GALA Inc.'s Summer Power Camp implicitly or explicitly implies full disclosure of my sexual orientation or gender identity, real or perceived and release GALA, Inc. from any consequences arising from such disclosure. I will not hold the above parties liable for any intentional or unintentional disclosure of my sexual orientation or gender identity, real or perceived and fully understand such risk.
4. I hereby acknowledge and will abide by GALA, Inc.'s policy prohibiting cigarette smoking, e-cigarette smoking, alcohol and illicit drug use during this event. I further understand that if I or my child violates this policy I and/or my child will be asked to leave the premises of the event and my participation in the event will be suspended.
5. I hereby state that I have read and understand the above stated information. No promise, inducement, or agreement not expressed herein has been made to me. This form may be released to any third party in order that the applicant may receive medical care in the event of illness or injury.

Parent(s)/Guardian(s) Full Name (Print)

Parent(s)/Guardian(s) (Signature)

Date

- By checking this box, I agree with the following:
- that the signature and the initials in this form will be the electronic representation of my signature and initials for all purposes when I use them on this document just the same as a pen and paper signature or initials.
 - that completing this acknowledgment and checking this box constitutes a legal binding agreement to abide by the terms and conditions of GALA, Inc.
 - I further acknowledge that I am responsible for reviewing this agreement with my child/children.

**Please submit completed form via email to
Hannah Mendiola, Administrative Project Assistant at galaguam.apa@gmail.com or call 671-969-5483 for
further assistance.**