



2021

**GEM Summer Leadership
Academy Application**

#LIT2021

Boys Program: (Tuesdays) July 13th – August 12th

Girls Program: (Wednesdays) July 14th – August 12th

Co-Ed Program: (Thursdays) July 14th - August 12th

Field Trips will take place on Thursdays

Summer Leadership Academy Hours: 9am to 3pm

Summer Camp Guidance

By: Best Starts for Kids

With more blue skies and school activities beginning to wind down, many of us are thinking about summer activities for children and youth. Amidst COVID-19, we know that both parents and providers have been anxious to know what this summer will look like for our children. DOH recently released state-level guidelines for [Child Care, Youth Development, and Summer Day Camps](#) that give us a framework for what parents can expect and help providers put provisions in place to give children and youth positive options for growing and learning this summer. [The King County face covering directive](#) also applies. We all are looking forward to seeing the creative ways families, children and youth-serving organizations work together to keep everyone healthy and thriving!

Key Takeaways

- The types of camps and programs included in this guidance are allowed to operate during all phases.
- Group sizes should total no more than 10 people.
- Physical distancing should be observed during camp activities and drop off/pick up.
- Health screenings should be conducted upon arrival.
- More guidance is coming including guidance on youth sports activities.

Face Coverings

Everyone who can wear a face covering should so that we can get the most possible community protection. Staff and youth 13+ are strongly encouraged to wear a face covering if they cannot maintain 6 feet of distance from others. However, some people do not need to follow the face covering directive including:

- Babies and toddlers under 2
- Children ages 2-12 years

Babies and toddlers under 2 should never wear a face covering as it is a suffocation risk. Children ages 2-12 should only wear a face covering if they will tolerate wearing one and if a parent or caregiver supervises to make sure it's worn safely. It is better that a child go without a face covering than to have them wear one improperly. Wearing a face covering properly is hard for all of us and can be especially challenging for young children. If a face covering is not worn properly or if it causes more face touching, the effort is less beneficial.

Additional Resources

- [CDC Decision Tree for Youth Programs and Camps during the COVID-19 Pandemic](#)
- [American Camp Association Summer 2020 Guide](#)

Youth Leader information (completed by student)

Name: First _____ MI _____ Last _____

Street address _____ Apt/unit # _____

City _____ St _____ Zip _____

Home phone: _____ Cell phone: _____

Email Address: _____

Date of birth (mm/dd/yy): _____ Age: _____ Gender (circle one) M F

Current School: _____ Grade _____ School ID _____

School attending in the 2021/2022 school year _____

<p>Race/Ethnicity (circle all that apply)</p> <p>Hispanic/Latino White Black/African American American Indian or Alaskan Native Asian Native Hawaiian/Pacific Islander Other _____</p>	<p>Do you have an Individualized Education Plan (IEP)?</p> <p>Yes No</p> <p>If yes, which school district: _____ When was it last updated? _____</p>
<p>Do you participate in another Mentoring Program?</p> <p>Yes If yes, please name: _____ No</p>	<p>Primary home Language</p> <p>English Spanish Other _____</p> <p>Secondary home language _____</p>
<p>Do you consider yourself a leader?</p> <p>Yes No</p>	<p>Using one word, describe yourself:</p>

This section to be filled out by Parent/Guardian

Parent/Guardian I Name: _____ Address: _____ City: _____ ST: _____ ZIP: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____	Parent/Guardian II Name: _____ Address: _____ City: _____ ST: _____ ZIP: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____
---	--

I live with:

Name	Age	Relationship to Youth Leader	Employed (Y/N)	One-word description of your relationship with them

Is your family considered homeless? YES NO

Student Commitment

If accepted into the program, I, _____ (youth leader) commit to:
(Please initial)

_____ Attending all sessions with the intent of participating and engaging in conversations, workshops, and field trips.

_____ Developing personal habits to support my personal academics.

_____ Participating in 2021 GEM Leadership Academy.

_____ Treat other GEM Leadership Academy students, staff, and myself with respect as well as maintain a positive representation of the program.

Parent/Guardian Commitment

If my child is accepted into the program, I, _____ (Parent/Guardian) commit to fully supporting my child’s participation in the GEM Leadership Academy by:
(Please initial)

_____ Participating, along with my child, in an enrollment orientation session with the GEM Leadership Academy learning facilitators.

_____ Ensuring my child’s participation and attendance in the 2021 GEM leadership academy.

_____ Communicating with the GEM Leadership Academy learning facilitators as needed to support my child’s success.

I agree to pay in acknowledgement \$30.00 in full on or before July 2nd, 2021. Enrollment fee must be paid in full by July 2nd, 2021 in order for my youth leader to attend on the first day. I understand that the maximum capacity is 12 girl & 12 boy participants and if not paid in full by the deadline your child’s spot will be forfeited.

Parent/Guardian Signature: _____ Date: _____

Statement of Commitment

**We understand that GEM Leadership Academy is a grant funded program that provides services around leadership and advocacy for the empowerment of youth. We will demonstrate leadership, advocacy, and resiliency during this summer leadership program and will adhere to the expectations stated above. We understand the GEM Leadership Academy is a 5-week program, attendance and participation is necessary to be successful in this program.*

Printed Name of Youth Leader: _____

Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Signature: _____ Date: _____

2021/2022 Parent Release Form for School Site Visit

I, the undersigned, do hereby grant permission to GEM Mentoring to visit the school of my child, _____(child's name), as marked by my selection(s) below. Such visits include one-on-one meetings, in-school visits if a background check is needed and registered as a school volunteer. For mentoring purposes to ensure the student is achieving success academically access to my child's school records such as transcripts, behavioral records, and attendance records if the school allows it. I understand personal information can't be accessed unless authorized by the parent and school district and GEM Mentoring will not be allowed to access information without consent from both parties.

(Please check all that apply)

_____ One-on-one visits from approved GEM Mentors.

_____ Grant permission to access my child's school records if approved (mark all that apply):

_____ Transcripts

_____ Attendance Data

_____ Behavioral Data

_____ Other

_____ I DO? NOT give permission for GEM Mentoring program to visit my child's school

Parent/Guardian Signature: _____ Date: _____

GEM Leadership Academy Field Trip Release Form

Transportation will be provided by GEM and will depart as well as arrive back at the GEM office for all field trips. We ask that you allow your child to attend these trips with the understanding that for them to attend they must have their emergency contact and medical information forms completed.

Youth Leader Participation Rules and Expectations

1. Be on time.
2. Follow the rules and guidelines of the GEM Leadership Team and the organization hosting the field trip
3. Maintain a respectable noise level and respect property of any visited facility or site.
4. No possession of any alcohol or drugs of any kind.
5. Use of electronics is acceptable as long as it is not disruptive or a distraction.

Youth leaders will be sent home and require immediate pick-up at the location of the field trip for unacceptable behavior.

Parent Agreement:

I give permission for _____ (child's name) to participate in the GEM Leadership Academy field trips. We have reviewed and understand the "Youth Leader Participation Rules and Expectations" set by the GEM Leadership Academy. If my child fails to comply with the above expectations while on the trip, I understand that he/she may result in suspension from further activities. Also, under such circumstances, the supervision staff member of his/her designee will notify me immediately and I will be responsible for pick-up.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact and Medical Information

Child's Name: _____ DOB: _____ GENDER: M F

Parent/Guardian's Name:

Parent/Guardian's Name:

Home Phone: _____

Home Phone: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Address: _____

Address: _____

_____ apt #: _____

_____ apt #: _____

City, State, ZIP: _____

City, State, ZIP: _____

Alternative Emergency Contacts

(cannot be anyone named above)

Primary Emergency Contact:

Secondary Emergency Contact:

Home Phone: _____

Home Phone: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Address: _____

Address: _____

_____ apt #: _____

_____ apt #: _____

City, State, ZIP: _____

City, State, ZIP: _____

Medical Information

Hospital Preference: _____

Physicians Name: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

Allergies/Special health conditions/considerations:

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only if neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature: _____ Date: _____

I give permission for my child to go on field trips. I release GEM and individuals from liability in case of accident during activities related to GEM, if normal safety procedures have been taken.

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

COVID 19 Protocol

1. Masks must be worn at all times.
 - a. Anyone refusing to wear a mask without a note from a physician will be subject to immediate dismissal.
2. All parents must pick up and drop of their child in front of the building
 - a. Due to covid occupancy guidelines GEM would like to minimize the traffic in and out of the building.
3. If your child has any COVID 19 symptoms, keep your child home. If your child displays any symptoms, your child will be subject to immediate dismissal. Your child may be subject to a covid 19 test to return to camp. GEM has the right to request a negative COVID 19 test result to return.
 - a. **Fever or chills**
 - b. **Cough**
 - c. **Shortness of breath or difficulty breathing**
 - d. **Fatigue**
 - e. **Muscle or body aches**
 - f. **Headache**
 - g. **New loss of taste or smell**
 - h. **Sore throat**
 - i. **Congestion or runny nose**
 - j. **Nausea or vomiting**
 - k. **Diarrhea**
4. All persons entering/exiting the building will be required to a pre-screening.
 - a. Temperature check
 - b. Sign -in and out
5. Only student leaders will be allowed to enter the building, all others must make an appointment.

Failure to comply with the above will result in immediate termination from Summer Leadership Academy.

Printed Name of Youth Leader: _____

Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Signature: _____ Date: _____