

DRUMFIT/8-5-2-1-0 Program 2022 at Atkins Porter Gym

Thank you for your interest in attending our Drumfit & 8-5-2-1-0 program. This program is for students in elementary school grades 1st through 5th grade and is focused on simple, guiding principles related to health- 8 hours of sleep, 5 fruits and vegetables per day, 2 hours or less screen time a day, 1 hour of exercise daily, and 0 sugary drinks or soda. The curriculum involves fun activities and interactive programming that will encourage your youth to become healthier for life. The program is offered by the Paris and Henry County Healthcare Foundation, a non-profit 501(c)3, through a federally-funded grant known as the Delta Rural Health Initiative.

Camp is from 8:30 a.m. until 12 noon at the Atkins Porter Gym located at 301 S. Highland St Paris, TN 38242

APPLICATION PROCESS

Please read the following carefully. *All paperwork must be completed and turned into the staff prior to camp.*

Please mark on the application if the student is in elementary school 1st through 5th grade

CONTACT INFORMATION

Mailing Address: Henry County Medical Center, c/o Marketing Dept., 301 Tyson Ave., Paris, TN 38242
Website: www.hcmc-tn.org
Email: lstambaugh@hcmc-tn.org
Phone: 731-644-8269
Fax: 731-644-8218

WHEN TO SHOW UP AND WHAT TO BRING

Campers should wear comfortable clothing and close-toed shoes (preferably tennis shoes), and bringing a water bottle is highly recommended. Please note that if you choose to bring any personal items, Camp cannot be responsible if they are lost or damaged.

Thank you so much for your interest in Drumfit & 8-5-2-1-0 -- we look forward to working with you!

Any photos, recorded (audio or video) and written materials created for and/or during Summer Camp are property of Henry County Medical Center and Paris and Henry County Healthcare Foundation.

The policy and intent of DRUMFIT is to provide equal opportunity for all persons regardless of race, color, religion, national origin, ancestry, marital status, political affiliation, affectional orientation, sex, status with regard to public assistance, disability, age, veteran status, and any other status protected under federal, state, or local laws. We promote respect and do not tolerate racism, sexism, homophobia, or other discriminatory behavior or expression.

[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]

DRUMFIT/ 8-5-2-1-0 at Atkins Porter Gym

Program Application

(Thanks for printing legibly or typing!)

1. CHOOSE AN AGE GROUP

_____ 1st, _____ 2nd, _____ 3rd, _____ 4th, _____ 5th

2. PARTICIPANT AND PRIMARY CONTACT INFORMATION

Name of Student: _____ Date of Birth: _____ Age (at the time of Camp): _____

Name you prefer to be called (if different): _____

Name of School: _____ Grade: _____

Name of Parent/Guardian/Primary Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address you check frequently: _____

Best way to contact you? (circle one) **Home Phone** **Cell Phone** **Email**

_____ Please send my paperwork via US mail *or* _____ Please send my paperwork via email

What is the race/ethnicity of you/your camper? * _____ Prefer not to say

*Knowing the demographic makeup of our campers/community can assist in grant writing, intentional outreach, and more -- please respond if you feel comfortable.

3. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

Second Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

4. SAFETY INFORMATION (please list all known conditions so we can accommodate your camper's needs)

Does your participant have any medical conditions, allergies, or special needs the staff should know about?

Does your participant have any behavioral or emotional issues the staff should know about?

Is your participant taking any medications to treat these conditions?

[PLEASE INCLUDE A COPY, FRONT AND BACK, OF YOUR CHILD'S INSURANCE CARD IN CASE OF NEEDED CARE]

5. OTHER INFO

Is there anything else you would like us to know?

6. Parent/Guardian Signature

To complete your application; please send these pages to

Lori Stambaugh
c/o Marketing Department
301 Tyson Ave., Paris, TN 38242