



Titan Summer Success Camp



Are you ready for Beamer? We are Ready for You

Join us for 4 days of fun, friendship, and focus on success

✿ August 24th - 27th 2009 ✿ 7:30am - 11:30pm ✿ Transportation is Not Available ✿

Each academy at Todd Beamer will host their Success Camp to set students up for success at Todd Beamer. At camp we will have fun, build relationships, and focus on the knowledge, attitudes and skills needed for success in high school. During the 4 days students will participate in activities led by upperclassmen, focusing on getting ready for High School. Come join the Beamer community and get set for success!

All participants will also earn .5 elective credit for successful completion that can be applied to graduation

Student Information:

Name _____ Birth Date _____ Age _____

Parent(s)/Guardian(s) Name(s) _____

Home Address _____
(house number / street address) (city / state) (zip code)

Phone _____
(home) (work) (cell)

Email(s) _____

Emergency Contact Information:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Special Health Problems or Concerns / Allergies*: _____ None _____ Yes (please describe below)

* Peanut Butter may be included in potential snack service.

Current Middle School Site: Illahee Kilo Lakota Sacajawea Saghalee Sequoyah Totem

Academy at Todd Beamer: B&I SGLE MSHF

Discipline: All students enrolled in SSC must follow school and district rules or they may be dropped from the program.

I hereby give permission for my child to participate in the Summer Success Camp program. I understand that daily attendance is required and that my child must follow all school and district rules or my child may be dropped from the program. If a parent and/or emergency contact cannot be reached at the time of an emergency, I authorize and direct the school authorities to send my child (properly accompanied) to the most easily accessible hospital or doctor. Transportation may be provided by the fire department. It is understood that I will assume the full responsibility for the payment of any services rendered.

Parent / Guardian Signature _____

Date _____

Return this form to your advisor or Middle School Office by May 22nd, 2009