



A Good Black Man, Inc.
 P.O. Box 692
 Randallstown, MD 21133
 410-637-5451
 www.agoodblackman.com

SUMMER CAMP APPLICATION

CAMPER INFORMATION

Camper's Name _____ Age: _____ Tee shirt size _____
 Street Address _____ Apt. _____ City _____ State _____ Zip _____
 Mother's Name _____ Home Ph. _____ Work Ph. _____
 Father's Name _____ Home Ph. _____ Work Ph. _____
 E-mail _____ Cell Phone 1 _____ Cell Phone 2 _____

Who is authorized to pick up child from camp?

The person(s) identified below My child can sign out on their own Other _____

Person: _____ Relationship to camper: _____

Person: _____ Relationship to camper: _____

Camper's birth date _____ Grade _____ School _____

Have you participated in this camp before? _____. If yes, please provide dates: _____

How did you hear about the AGBM Legacy of Excellence Summer?

Advertising (specify) _____

Word of mouth Brochure in mail Picked up literature on-site Other _____

WAIVER AND RELEASE

Acknowledging that participation in athletics carries with it a risk of physical injury, I agree that A Good Black Man, Inc., its agents and employees shall not be liable to me or my child for any injury or damage, howsoever caused, resulting directly or indirectly from my child's participation in the Legacy of Excellence Summer Camp at any time preceding, during or after camp is in session and I hereby discharge A Good Black Man, Inc., its agents and employees from all actions, claims, and demands I or my child may have for any such injury or damage. I authorize that A Good Black Man, Inc. has the right to use all photographs or videos taken of my child during camp for advertising or promotional material.

A Health Record/Medical Release form must be completed and returned before camp enrollment dates in order for the camper to participate in any camp activities.

Parent or Guardian Signature _____ Date _____

Send completed application with applicable payment to:

LOE Summer Camp • AGBM, Inc. • P.O. Box 692 • Randallstown, MD 21133 • 410-637-5451
 info@agoodblackman.com • www.agoodblackman.com

OFFICE USE ONLY: MEMBER # _____ AMOUNT \$ _____
 PAYMENT METHOD _____