

**SheLeads Camp 2026**  
**Enrollment Request Form**  
**Campers Ages 10-12**



**\*Note: This form is a REQUEST ONLY. Registration is NOT confirmed until all steps are followed and a non-refundable deposit is paid. Please see details under "Reserve Your Spot".\***

**Camp Dates & Costs:**

\$150 per week per camper

Monday-Friday  
8:00am-5:30pm

*Please choose the weeks that your child plans to attend:*

- Week 1: June 8th-June 12th
- Week 2: June 15th-18th (No Camp on Friday, June 19th)
- Week 3: June 22nd-26th
- Week 4: July 6th-10th
- Week 5: July 13th-17th
- Week 6: July 20th-24th

**Camper Information:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**Parent/Guardian Information:**

Name: \_\_\_\_\_

Relationship to Camper (e.g., Mother, Father, Guardian): \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

**Emergency Contact Information (someone besides parent/guardian listed above) :**

#1 Emergency Contact Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#2 Emergency Contact Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**Medical Information:**

Does your child have any medical conditions/allergies? (Please specify):

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Is there anything that upsets your child? If so, how can we best help them?

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Is there anything else we should know about your child? We want to create the best experience we can for them.

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Does your child have insurance? (Check one):

- Yes
- No
- Insurance Provider (if yes): \_\_\_\_\_
- Policy Number: \_\_\_\_\_

**Medical Waiver & Consent:**

I hereby give my consent for my child to participate in the Girls Inc of Monroe County SheLeads Camp 2026. I give permission for my child to receive medical attention in case of injury or emergency, if necessary.

I certify that the information provided above is correct and that I am the legal guardian of the participant. I agree to adhere to all program rules and policies.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photo & Media Consent:**

**Yes, I give** Girls Inc permission to take pictures of my child and share them on all Girls Inc media materials, including but not limited to Facebook, Instagram, and promotional flyers.

\_\_\_\_\_ **(Please Initial)**

**No, I do not** give Girls Inc permission to take pictures of my child and share them on all Girls Inc media materials, including but not limited to Facebook, Instagram, and promotional flyers.

\_\_\_\_\_ **(Please Initial)**

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**Reserve Your Spot**

Your camper's spot is **NOT** confirmed until the following steps have been completed:

1. Complete Enrollment Request Form and submit to Girls Inc of Monroe County. Email it to us at [summercamp@girlsinc-monroe.org](mailto:summercamp@girlsinc-monroe.org) or submit in person.
2. You will receive an email from Girls Inc confirming availability for weeks selected within 24 hours of submitting enrollment request form.
3. Pay the non-refundable camp deposit! Please pay your deposit within 24 hours of receiving email confirming availability from Girls Inc. See details about deposit below.
4. Receive confirmation email from Girls Inc!

**Registration Fees:**

*Registration Fee:* \$75 Non-Refundable deposit for each week your child plans to attend. (For example if your child plans to attend all 6 weeks your deposit is a total of \$450. Your deposit will go towards your total amount due for camp.) Your child will not be able to participate in camp until a deposit is received.

**Payment Options:**

- Card on the Girls Inc Website
- Check (please make payable to Girls Inc)
- Cash

**Camp T-Shirt Information:**

Shirt Size (*Youth sizing*):

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> X-Small | <input type="checkbox"/> Large   |
| <input type="checkbox"/> Small   | <input type="checkbox"/> X-Large |
| <input type="checkbox"/> Medium  |                                  |

Shirt Size (*Adult Sizing*):

- |                                   |                                  |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> X- Small | <input type="checkbox"/> Large   |
| <input type="checkbox"/> Small    | <input type="checkbox"/> X-Large |
| <input type="checkbox"/> Medium   |                                  |

\*Don't see your child's size? Please list their size here:\_\_\_\_\_