



# It's time for BUDL CAMP AGAIN!!!

Open to rising 3<sup>rd</sup> – 8<sup>th</sup> graders from  
BCPSS schools!

No experience necessary!

Location: JHU Homewood Campus

Breakfast and lunch served daily

**BALTIMORE  
URBAN  
DEBATE  
LEAGUE**

VOICE · PURPOSE · POWER

## SAVE THE DATES:

### Monday, June 19 – Friday, June 23

BCPSS Debaters (and future debaters) are invited to join us for a week of camp! You will practice your debate skills, play games and get a jumpstart on the EMS fall topic. There will be food! Best of all, you'll spend the week with old friends and make new friends! We can't wait to see you there!

**Registration Deadline: June 11, 2017, but don't delay! Space is limited!**

Register using the attached application or via our website:



## 2017 EMS DEBATE CAMP - STUDENT APPLICATION

To participate in this year's camp please fill out and submit our student application form below by Sunday, June 11, 2017. If you have any questions regarding this application, please contact EMS program manager Leslie Stanton at 410-752-2835 x 106/e-mail budlcamp@budl.org. We look forward to receiving your application!

### STUDENT INFORMATION

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School 2017-2018 School Year: \_\_\_\_\_ Student ID/SASI: \_\_\_\_\_

Grade 2017-2018 School Year

\_\_\_\_\_ 4<sup>th</sup>

\_\_\_\_\_ 5<sup>th</sup>

\_\_\_\_\_ 6<sup>th</sup>

\_\_\_\_\_ 7<sup>th</sup>

\_\_\_\_\_ 8<sup>th</sup>

\_\_\_\_\_ 9<sup>th</sup>

Birth date: \_\_\_\_\_

Gender: \_\_\_\_\_

### Race/Ethnicity: (Optional)

\_\_\_\_\_ African American/Black

\_\_\_\_\_ Asian

\_\_\_\_\_ White

\_\_\_\_\_ Hawaiian/Pacific Islander

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Native American

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

T-Shirt Size (Children's sizes: S, M, L, XL, 2XL): \_\_\_\_\_

Indicate any dates this summer child is NOT AVAILABLE to attend camp.

\_\_\_\_\_ Monday, June 19<sup>th</sup>

\_\_\_\_\_ Tuesday, June 20<sup>th</sup>

\_\_\_\_\_ Wednesday, June 21<sup>st</sup>

\_\_\_\_\_ Thursday, June 22<sup>nd</sup>

\_\_\_\_\_ Friday, June 23<sup>rd</sup>

**PARENT/GUARDIAN CONTACT INFORMATION**

Parent or Guardian Name:

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Parent or Guardian E-mail Address:

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Home Address:

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City: \_\_\_\_\_ Zip Code:

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Primary Phone Number: \_\_\_\_\_ Alternate Phone Number:

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**STUDENT DEBATE EXPERIENCE**

Has child ever debated?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Did child attend any BUDL tournaments last year?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know

How many BUDL tournaments did child attend during the 2016 - 2017 season?

\_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7

What division was child in for last tournament?

\_\_\_\_\_ Never Debated \_\_\_\_\_ Elementary Novice \_\_\_\_\_ Elementary Open

\_\_\_\_\_ Middle School Novice \_\_\_\_\_ Middle School Open \_\_\_\_\_ Don't know

Did child attend BUDL debate camp last summer?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know

**SUMMER CAMP STUDENT CODE OF CONDUCT**

Parents/Guardians - Please read this code of conduct with your child and ensure you and they understand the expectations.

All BCPSS policies are in effect during summer camp. Students must:

- (1) Show courtesy and respect toward others and property at all times.
- (2) Dress appropriately at all times.
- (3) Use appropriate language.

Statement of Disciplinary Action

The following are examples of disciplinary action which may be taken in the event that the Code of Conduct, school policies, or district policies are not followed:

- (1) Sent home immediately at parent/guardian's expense.
- (2) Placed in timeout/in-camp suspension.
- (3) Referred to school administration.

STUDENT AGREEMENT: I, the student, understand the conditions of the code of conduct.

\_\_\_\_\_ Yes, I understand. \_\_\_\_\_ No, I don't understand.

**MEDICAL INFORMATION AND RELEASE**

We are requesting this information, which will be kept strictly confidential, in order to ensure your child's safety throughout the duration of our camp.

Medical Insurance Provider: \_\_\_\_\_

Policy or ID Number: \_\_\_\_\_

Please note any health concerns such as allergies (please specify), hemophilia, diabetes, heart disease, etc. Also list special dietary needs/restrictions, food allergies, etc. If none, write none.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Doctor/Primary Care Physician:  
\_\_\_\_\_

Phone Number of Doctor/Primary Care Physician:  
\_\_\_\_\_

**EMERGENCY CONTACT**

In case of emergency when you, the parent/guardian, cannot be reached by phone who would you like us to call as your alternate? (Provide full name, other than you, here.)

\_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone Number:  
\_\_\_\_\_

**TRANSPORTATION TO CAMP SURVEY**

Please indicate your transportation plans to the JHU Homewood Campus.

\_\_\_\_\_ I will drive, carpool or take public transportation with my child to camp.

\_\_\_\_\_ My child will use public transportation.

\_\_\_\_\_ I would like information about buses from nearby schools.

\_\_\_\_\_ Other: \_\_\_\_\_

**REFERRAL INFORMATION**

Please help us know how you find information about BUDL by filling out this portion of the application, so that we may continue to communicate effectively with you and your child.

**How did you hear about this year's summer camp?**

\_\_\_\_\_ Debate coach    \_\_\_\_\_ BUDL Staff    \_\_\_\_\_ Friend    \_\_\_\_\_ BUDL Website

\_\_\_\_\_ BUDL Facebook, Twitter, Instagram    \_\_\_\_\_ Other

\_\_\_\_\_

If you heard about camp from a friend, please list his or her name here.