

**Wayne State University / VAC Training Program**  
**Detroit Day School for the Deaf**  
**Sports & Technology Camps Program**  
**2009**

Cost  
(\$30 per day)  
(\$120 for 4 days)

\$30 non-refundable deposit required to sign-up / if you sign-up for a week, the non-refundable deposit is \$60. We also accept Visa, MasterCard, Checks, and Money Orders.

Sign-up is first-come, first serve, we will only be accepting the first 100 youth

This innovative program will provide students a summer camp experience featuring the fun and exercise of sports along with an introduction to math, science, and technology educational opportunities and careers. The sports that will be offered are: Cheerleading and Football. We will use the Lego Curriculum to introduce math, science, and technology as well as critical thinking skills, which will last a life time.

To be conducted at:  
**Detroit Day School for the Deaf**  
4555 John C. Lodge Detroit, MI (313) 494-1803

## Camp Dates

### Cheerleading & Football

July 7, 2009	July 8, 2009	July 9, 2009	July 10, 2009
10 a.m. – 3:00 p.m.	10 a.m. – 3:00 p.m.	10 a.m. – 3:00 p.m.	10 a.m. – 3:00 p.m.

For general information call Ron Simpkins-Associate Director (313) 577-5945  
Website: [www.coe.wayne.edu/Grants/VAC/](http://www.coe.wayne.edu/Grants/VAC/)

(Please cut & return with deposit to **WSU/VAC-259 Matthaei Building, Detroit MI 48202**)  
**Sign-Up Registration Form**

**Participant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Emergency Phone Number:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Shirt Size:** \_\_\_\_\_

**Cost**  
**(\$30 per day) (\$120 for 4 days)**

**Cheerleading & Football**

July 7, 2009	July 8, 2009	July 9, 2009	July 10, 2009
10 a.m. – 3:00 p.m.	10 a.m. – 3:00 p.m.	10 a.m. – 3:00 p.m.	10 a.m. – 3:00 p.m.

\$30 non-refundable deposit required to sign-up / if you sign-up for a week, the non-refundable deposit is \$60. We also accept Visa, MasterCard, Checks, and Money Orders.

Visa: \_\_\_\_\_ Exp Date: \_\_\_\_\_

MasterCard: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I/we as parent(s) guardian of the above child hereby give my/our approval for my/our children to participate and there likeness to be used in all of the activities of the above camp. I understand that the WSU/VAC Training Program /Detroit Day School for the Deaf, its staff or volunteers not responsible for any accident or injury that may occur to my/our children. I/we also give our approval for the picture or likeness of my/our child to promote these camps. Please list any medical information on the back of this form. I/we as parents(s)/guardian of the above child, hereby give my approval for my child to receive medical attention if needed.

Father/Guardian Signature: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_