



4129 Northampton Drive
Winston-Salem, NC 27105
336.724.3857

Office Use Only	
Registration Received	___/___/___
Start Date:	___/___/___
Known Vacation Dates:	_____
Enrichment:	_____ Leadership: _____

SUMMER ACADEMIC CAMP APPLICATION

(Please Print)

Child's Name: _____ Telephone# _____

Address _____ City/State/ZIP _____

DOB: _____ Age: _____ Gender: _____ Entering Grade: _____ School: _____

***ATTACH COPY OF YOUR CHILD'S IMMUNIZATION RECORD, IF CHILD HAS NOT ATTENDED THIS CAMP**

Mother/Guardian: _____ Cell: _____

Employer: _____ Office: _____

Father/Guardian: _____ Cell _____

Employer: _____ Office: _____

Email Address: _____

Authorization to Release Custody to Another Individual: Only those listed below will be allowed to pick up the child. *(Must show identification)*

Emergency Contacts: These people will be contacted after unsuccessful attempts have been made to contact the parent(s)/guardian(s).

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Special Needs: _____

Medical or Health Conditions: It is very important that we know if your child has a health condition (allergy to bee stings or food, asthma, diabetes, seizure disorder, etc.), fears, or is receiving special services for any condition. What conditions should we know about? _____

Certification of Child's Fitness: I certify to the best of my knowledge, that my child is physically fit and able to participate in the program activities for which he/she has been registered. Yes ___ No ___

Acknowledgment of Risk if Injury/Release and Waiver – I acknowledge and understand that there may be: risk of injury involved in the activities which my child may engage in during this program. In consideration of the church allowing my child to participate in the program and various field trips, I hereby agree to release, waive, discharge and indemnify the church, its Board of Directors, employees, volunteers, officers and any others from any liabilities and all claims, suits or cause of action that arise out of any injury, known or unknown, to property or body that my child may suffer from participating in this program and hereby expressly assume the risk of injury associated in said program.

Additional Information: Is there anything that you would like to share with us? Is there anything that you think we should know about your child to be a better service to them?

PARENTAL/GUARDIAN AGREEMENT: *My signature below indicates . . .*

1. I agree to submit Camp payments on Monday or the first day of the week.
2. I understand that in the event of a medical emergency, 911 will be called to secure medical treatment for my child. I agree that a Camp staff member, church member or director designee may authorize emergency personnel to provide care in the event that neither parent/guardian may be contacted immediately. I understand the parent(s)/guardian(s) is (are) responsible for medical expenses associated with the emergency.
3. I understand the parent(s)/guardian(s) is (are) responsible for medical and other expenses associated with accidents that happen during camp activities.
4. I will provide written notification to the Summer Camp Director if my child will be absent any of the weeks. There will be no fee assessed if the child is absent the entire week. However, we will not prorate if your child does not attend the entire week.
5. I give my permission for my child to participate fully in all camp activities.

Parent/Guardian Print Name

Signature

Date

\$30 non-refundable enrollment fee is due when the enrollment application is submitted to the Church Office or Summer Camp Director.