

CAMPER INFORMATION

Camper's Name _____ School Grade Fall 2010 _____
Child's Age (Years/Months) _____ Birth Date _____ School _____
Mailing Address _____ City _____ Zip _____
Home Phone _____ Church Home _____
Social Security Number _____ Male _____ Female _____

PERSONS AUTHORIZED TO PICK UP CHILD

Father's Name _____ Mother's Name _____
Work Phone _____ Work Phone _____
Cell Phone _____ Cell Phone _____
Responsible Party? Yes _____ No _____ Responsible Party? Yes _____ No _____
Place of Business _____ Place of Business _____

OTHER PERSONS AUTHORIZED TO PICK UP CHILD OR TO CALL IN CASE OF EMERGENCY

(Other than parents), only these persons may pick up child

Name _____ Work # _____ Home # _____ Cell # _____

T-SHIRT SIZE

YS (6-8) YM (10-12) YL (14-16) AS (34-36) AM (38-40) AL (42-44) AXL (46-48)

We are not responsible for lost shirts. If available, shirts may be purchased at \$7.00 per shirt.

RELEASE OF LIABILITY

In the event an accident occurs, I am aware that ARBC does not provide accident insurance, and I will not hold ARBC responsible for any injury.

Parent/Guardian Signature _____ Date _____

TRANSPORTATION RELEASE

I give my consent for my child to be transported by ARBC staff in ARBC vehicles for Summer Camp field trips.

Parent/Guardian Signature _____ Date _____

EMERGENCY CARE RELEASE

In the event of an emergency in which I cannot be reached, I authorize emergency medical personnel to provide the necessary first aid and/or hospitalization.

Parent/Guardian Signature _____ Date _____

SWIMMING RELEASE

My child has permission to swim during the ARBC Summer Camp Program. I would rate my child's swimming level as follows:

BEGINNER INTERMEDIATE ADVANCED

Parent/Guardian Signature _____ Date _____

PG MOVIE CARE RELEASE

My child has permission to view movies rated PG and deemed appropriate by the Summer Camp Director.

Parent/Guardian Signature _____ Date _____

PHOTOGRAPHY RELEASE

I understand that my child may be photographed, videotaped, and/or interviewed for the purpose of ARBC promotional use.

Parent/Guardian Signature _____ Date _____

HOW DID YOU HEAR ABOUT OUR SUMMER CAMP?

ARBC Member Advertisement Post Card/Mailing Other _____
 Friend Referral (Name of friend: _____)

DAY CAMP

- | | |
|---|---|
| <input type="checkbox"/> Rising 1st Grade | <input type="checkbox"/> Rising 4th Grade |
| <input type="checkbox"/> Rising 2nd Grade | <input type="checkbox"/> Rising 5th Grade |
| <input type="checkbox"/> Rising 3rd Grade | <input type="checkbox"/> Rising 6th, 7th, 8th Grade |

To help us plan our staffing needs, please check each session your child will plan to attend:

- Session 1 June 7-11
- Session 2 June 14-18
- Session 3 June 21-25
- Session 4 June 28-July 2 * *Closed July 5*
- Session 5 July 5-9
- Session 6 July 12-16
- Session 7 July 19-23
- Session 8 July 26-30
- Session 9 August 2-6
- Session 10 August 9-13

FEES:

REGISTRATION FEE: \$65 PER CHILD

WEEKLY RATE: \$115 PER WEEK

SECOND CHILD DISCOUNTED RATE:
\$105 per week

PAYMENT INFORMATION

I am enclosing a non-refundable, non-transferable registration fee of \$65 (PER CHILD), for a total of \$ _____.
I understand that I am responsible for paying the balance for each session my child will attend on the first day of the session at time of drop-off.

Parent Signature _____ Staff Initials _____ Date Received _____

MEDICAL INFORMATION

MEDICATION AUTHORIZATION

Camper's Full Name _____ Name of Medicine _____
 Dosage _____ Time(s) of medication administration _____
 All medication must be in original prescription container.
 Parent/Guardian Signature _____ Date _____

Allergies: _____

Please list any other medication your child takes on a regular basis that will not be administered at camp:

Name of Medication _____ Dosage _____ Time(s) _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Please list any additional information about your child's health history, behavior, and physical, emotional, or mental health about which the camp staff should be aware.
