



This activity is sponsored by the Athens-Clarke County Department of Leisure Services

2008 Teens in Action Camp

Camper's First Name: _____ Camper's Last Name: _____
 Address: _____ City: _____ Zip: _____
 Birth date: _____ Age: _____ Gender: _____
 School: _____ Grade: _____
 Parent/Guardian's Name _____ Phone (1) _____ Phone (2) _____
 Parent/Guardian's Name _____ Phone (1) _____ Phone (2) _____
 Auxiliary Contact Name _____ Phone (1) _____ Phone (2) _____
 Parent/Guardian email address: _____
 Would you be interested in
 learning more information about: _____ ACC Leisure Services

Summer Day Camp Fees	Fee	Receives 80% Scholarship	Receives 60% Scholarship	Receives 40% Scholarship	Receives 20% Scholarship	Receives 100% Scholarship
Camp Fee Per Week	\$50	\$40	\$30	\$20	\$10	\$0
Out of County Camp Fee Per Week	\$75	N/A	N/A	N/A	N/A	N/A

Please put appropriate fees with the week(s) you are registering		Camp Fee				Totals
Session 1	June 16-20					
Session 2	June 23-27					
Session 3	July 7-11					
Session 4	July 14-18					
Session 5	July 21-25					
Camper's must be 13-15 years old			Total Amount Due			

(Please continue completing information on the back)

<i>Internal Office Use Only</i>		
Method of Payment		
Cash _____	Scholarship % _____	Received By: _____
Check # _____	Total Paid \$ _____	Date: _____
		Receipt #: _____

CAMPERS' NEEDS AND INTERESTS

Knowing your child's special abilities, interests, &/or problems will help camp counselors in understanding him or her and will make the camping experience meaningful and purposeful. Please tell us about your child's special needs, and interests, in the space below.

Please indicate your child's swimming skills (check one) Non swimmer Beginner Good swimmer

MEDICAL INFORMATION

My child is on medication that will be given at home before camp. I have listed those medications below. Please mark as prescription (Rx) or non-prescription (OTC):

- 1) Medication Name _____ Dose: _____ Rx OTC
2) Medication Name _____ Dose: _____ Rx OTC
3) Medication Name _____ Dose: _____ Rx OTC

For prescription medication to be taken while at camp, you must complete the additional form titled "Authorization for Prescription Medication." Please request a copy from camp staff.

FOR OVER THE COUNTER DRUGS ONLY:

I hereby give permission for the camp staff to distribute the medication(s) listed below and allow my child to take them as directed. All non-prescription must be listed below (examples: Benadryl, Claritin -D, Tylenol, etc) and provided by the parent in its original container.

- 1) Medication Name _____ Dose: _____ Time: _____
2) Medication Name _____ Dose: _____ Time: _____
3) Medication Name _____ Dose: _____ Time: _____

My child has the following allergies (food, medication, animal, etc.): _____

Does your child require any special treatments for medical conditions? (Examples: epi-pens, inhalers, dietary restrictions, etc.) _____

Do any of these require IMMEDIATE action? _____

Family Physician: _____ Phone: _____

CHILD PICK-UP

My child is allowed to be released in the following manners (check all that apply):

Car dismissal with family Car dismissal with a friend

Please list the individuals who **WILL** be allowed to pick your child up from camp. Please also indicate their relationship to the child.

Name: _____ Relationship to Child: _____
Name: _____ Relationship to Child: _____
Name: _____ Relationship to Child: _____

Please list any specific individuals who are NOT allowed to pick up/have contact with your child:

MEDICAL AUTHORIZATION AND
Statement of Release

Parent or Guardian Signature Required*

In consideration of the acceptance of this form, I hereby agree to release and forever hold harmless the Athens-Clarke County Government and/or Department of Leisure Services, their successors or assigns, from any and all liability due to injury that may result from participation by this child in Teens in Action.

The information I have provided is accurate and correct to the best of my knowledge. _____ initials

Photo/Video Release:

I give permission for photographs/video of said child to be used in promotional efforts for this program. _____ initials

Health Information:

The health history is correct so far as I know, and the child herein described has permission to engage in all prescribed Teens in Action activities except as noted. _____ initials

Transportation:

I give permission for the herein named child to be transported by bus or van to scheduled camp activities, including in-town & out-of-town field trips that could include restroom stops, eateries, etc. _____ initials

Swimming Release:

I give permission for the herein named child to participate in swimming activities conducted by the camp. _____ initials

Movie Release: I give permission for the herein named child to watch movies with a G or PG rating as part of the summer camp program. _____ initials

Emergency Authorization: In the event of an emergency, I hereby give permission to the physician selected by the Administrative Staff of Teens in Action to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the applicant named above. _____ initials

This form may be photocopied for camp use.

I agree to review the Athens-Clarke County Code of Conduct with my child before the start of Teens in Action and I have received a copy of Parent Handbook.

Signature of parent or guardian: _____

Witness: _____ Date: _____

* If for religious reasons you cannot sign this, then the camp should be contacted for a legal waiver which must be signed for attendance.