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

2008 BEAR HOLLOW ZOO Camp

Camper's First Name: _____ **Camper's Last Name:** _____

Address: _____ **City:** _____ **Zip:** _____

Birth date: _____ **Age:** _____ **Gender:** ____ **T-shirt Size:** **Youth S M L XL** **Adult S M L XL**

School: _____ **Grade:** _____ **(Please Circle T-Shirt Size)**

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: ___ ***Bear Hollow/Memorial Park*** _____**Leisure Services Department**

Summer Day Camp Fees	Fee	80% Scholarship	60% Scholarship	40% Scholarship	20% Scholarship
Camp Fee Per Week, ACC residents	*$70*	*$56*	*$42*	*$28*	*$14*
Camp Fee Per Week, non-ACC residents	**$85**	**NA**	**NA**	**NA**	**NA**
Early or Late Fee Per Week	$18	$14.40	$10.80	$7.20	$3.60
Both Early AND Late Fee Per Week	$30	$24	$18	$12	$6

Please put appropriate fees with the week(s) you are registering		Camp Fee	Early Supervision *(7:30-9 a.m.)*	Late Supervision *(3:30-5:30)*	Early & Late Supervision	Totals
Session 1	June 2 – June 6					
Session 2	June 9 – June 13					
Session 3	June 16 – June 20					
Session 4	June 23 – June 27					
Session 5	June 30 – July 4					
Session 6	July 7 – July 11					
Session 7	July 14 – July 18					
Session 8	July 21 – July 25					
Ages 7-9 for June sessions & ages 9-12 for July sessions			**Total Amount Due**			

(Please continue filling out information on the back)

Internal Office Use Only

Method of Payment

Cash _____

Credit Card _____

Check # _____

Scholarship % _____

Total Paid $ _____

Received By: _____

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): ___ Walking

___ Car dismissal from camp/after-care ___ To another activity at the center ___ With a friend

Please list the individuals that **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 Zoo Camp.

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 Zoo Camp 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 Zoo Camp 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 Zoo Camp 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.