2016 AGA Summer Go Camp Registration Form

AGA East Coast Go Camp
July 3rd – 9th, 2016

YMCA Camp Campbell Gard
Hamilton, Ohio

Participant (Camper) Registration:

☐ *Check if you are an attending parent/guardian. Please contact us at agagocampeast@gmail.com regarding cost.*

Name _____ Age at camp _____

Address _____

_____

_____

E-mail: _____

Birthdate: _____ Gender: M F Grade Next Fall: _____

Shirt Size: *(Circle One)* AS AM AL AXL

Home Phone: (_____) _____ Cell Phone: (_____) _____

AGA Number: _____ Expiration Date: _____ Current Rank: _____

*** AGA Membership Required ~ Sign up at www.usgo.org**

Check all that apply: ☐ I am ready to play **Go** for a solid week! ☐ **Hikaru no Go** started me on Go!

Parent/Guardian Contact Information:

Relationship to camper: _____

Name(s): _____

E-mail: _____

Day Phone: (_____) _____ Cell Phone: (_____) _____

Evening Phone: (_____) _____ Alternate: (_____) _____

EMERGENCY CONTACT Information: (if parent/guardian cannot be reached)

Relationship to camper: _____

Name(s): _____

Day Phone: (_____) _____ Cell Phone: (_____) _____

Evening Phone: (_____) _____ Alternate: (_____) _____

	Camp Cost	Subtotal
Full Camper (overnight experiene)	$725	
Day Camper (lunch/dinner ~ 9am - 9pm)	$575	
AGF NAKC/Redmond Cup Scholarship	-$400	
AGF Go Camp Scholarship	up to -$250	
Returning camper discount	-$50	
if total payment received after 6/1/16	+$50	
Dayton International Airport (DAY) *Pickup 7/3: noon - 3pm ~ Dropoff 7/9: 10am - 1pm*	$25 each way	
Donation to East Coast Go Camp *(optional)*		
Donation to the AGF *(optional)*		
Total (Due before 6/1/16)		

* *All campers are required to be AGA members.*

Preferred Roommate(s): _____

Have the camper initial the boxes below.

☐ I understand that there will be go players of various skill levels at camp.

☐ My behavior, attitude, and speech will be respectful of both campers and adults.

☐ I understand that campers are not allowed in the rooms of other campers.

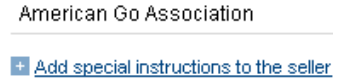
☐ I understand that dangerous behavior, endangering camp members, or repeated breaking of camp rules may result in my being sent home with no refund.

Please include a deposit of **$150 each** ($75 w/AGF scholarship) with this registration form. The deposit is a down payment and is considered non-refundable.

Payment Information:

☐ Paypal *(http://www.usgo.org/your-donations-count)*

To use the Paypal link: Click donate, add a $21.25 convenience fee for credit cards, login, "Add special instructions to the seller.": "AGA Camp" ~ AGA#.



☐ Check ☐ Money Order

Make checks payable to: **American Go Association**

Mail this registration form to:

East Coast Go Camp
c/o Nano Rivera
4220 Camargo Drive
Dayton, OH 45415

AGA Summer Go Camp Medical Form

Child's Health History ~ Parent's Report

Camper's Name: _____

My child is up to date on their immunizations: Yes No

If no, please explain: _____

Are there any issues that may affect your child's stay at camp?: (If yes, please provide details)

Language: _____

Dietary: _____

Medical: _____

Allergies, asthma, hay fever, diabetes, epilepsy, heart/lung/kidney/neurological problems, enuresis (bed wetting), etc.

Is your child currently being treated for any medical condition? If so, please give details:

_____

Does your child have any allergies? (Medicines, food, insect stings, plant reactions, etc.)
If so, please give details/treatments:

_____

Is your child taking any medications?
If so, please specify medication, dose, schedule, and any special instructions:

_____

For the safety of all campers, medications will be dispensed by the staff, unless instructed otherwise.

Medical Insurance Information:

Medical Insurance Company: _____

Group Name: _____ Group Policy #: _____ Plan Code: _____

Policy Holder's Name: _____

Family Physician: _____

Family Physician phone number: _____

Other medical issues: _____

_____

_____

AGA Summer Go Camp Releases

AGA East Coast Go Camp ~ July 3rd – 9th, 2016

Parent Authorization ~ Please Sign

The undersigned, _____, legal guardian of _____, hereby releases and forever discharges the American Go Association (AGA) and its officers, the American Go Foundation (AGF) and its officers, the 2016 AGA Summer Go Camp staff or agents of all claims, actions, damages, claims of injury, property damages, costs, expenses and compensation whatsoever, which the above-named child may have now or in the future, which may be related to activities of the American Go Association and its agents related to the 2016 AGA Summer Go Camp.

The AGA Summer Go Camp will not be held responsible for loss or damage to personal property while involved with the camp nor personal injury resulting from conference activities.

The AGA Summer Go Camp has my permission to provide routine non-surgical medical care. In the event of a medical emergency, if I cannot be reached, I hereby give permission to the physician or clinic selected by the camp director or his agent, to transport, hospitalize, secure proper treatment for my child as named herein. I also understand that I am responsible for costs incurred on behalf of my child relating to accident or illness when treated outside of camp. Camp cannot be responsible for any injuries received by campers while engaged in camp activities or any unorganized play, beyond assurance that injury will receive prompt professional care by a medical professional as deemed by the camp director.

I understand that the balance of the fee must be paid in full by June 1, 2016 or I will be subject to an additional $50 fee.

I give permission to the **American Go Association** and the YMCA Camp Campbell Gard to use photographs of my child at the Go Camp for publicity purposes, including but not limited to use on their websites and in their print publications.

Many campers want to know who is attending the camp before they arrive.
We plan to have the following information available on the camp website:
First name, rank, gender, age, and state. (EXAMPLE: Nano ~ 1K ~ M ~ 12 yrs ~ OH)

What is the camper's KGS handle (name): _____ *(If we may share this.)*

_____ _____
Signature of Parent or Guardian Date

_____
Please print name