



ATLANTA SCHOOL OF EXCELLENCE "DESTINATION ADVENTURES" 2016 SUMMER CAMP APPLICATION

CAMPER INFORMATION PLEASE PRINT. COMPLETE ONE FORM PER CAMPER.

FIRST NAME:		LAST NAME:			
ADDRESS:					
CITY:			STATE:	ZIP Code:	
BIRTHDATE: ____ / ____ / ____	MALE: <input type="checkbox"/>	FEMALE: <input type="checkbox"/>	SCHOOL:		
CAMPER'S AGE AT THE START OF FIRST CAMP SESSION:			GRADE ENTERING FALL OF 2016:		
CAMPER T-SHIRT SIZE (ONE T-SHIRT PER CAMPER)	SM (6-8): <input type="checkbox"/>	MED (10-12): <input type="checkbox"/>	LG (14-16): <input type="checkbox"/>		

FAMILY INFORMATION

MOTHER/GUARDIAN FIRST NAME :		LAST NAME:			
<input type="checkbox"/> CHECK HERE IF SAME ADDRESS AS CHILD; IF NOT, COMPLETE BELOW:					
ADDRESS:					
CITY:			STATE:	ZIP Code:	
PHONE: (CELL)			(WORK)		
EMAIL:					
FATHER/GUARDIAN FIRST NAME :		LAST NAME:			
<input type="checkbox"/> CHECK HERE IF SAME ADDRESS AS CHILD; IF NOT, COMPLETE BELOW:					
ADDRESS:					
CITY:			STATE:	ZIP Code:	
PHONE: (CELL)			(WORK)		
EMAIL:					

EMERGENCY INFORMATION

Person(s) to be reached if parents/guardians cannot be reached:

NAME:

PHONE:

NAME:

PHONE:

NAME:

PHONE:

DOCTOR'S NAME:

OFFICE PHONE:

ADDRESS:

CITY:

STATE:

ZIP Code:

PREFERRED HOSPITAL:

DENTIST'S NAME:

OFFICE PHONE:

HEALTH INSURANCE CARRIER:

POLICY NUMBER:

CAMPER RELEASE

PERSONS AUTHORIZED TO PICK UP: PARENTS LISTED ABOVE EMERGENCY CONTACTS LISTED ABOVE

PERSONS **NOT** AUTHORIZED TO PICK UP (A COPY OF A COURT ORDER MAY BE REQUIRED FOR PERSONS WHO ARE NOT AUTHORIZED FOR PICKUP:

EMERGENCY INFORMATION, WAIVER AND MEDICAL AUTHORIZATION

PARENT/GUARDIAN NAME:

CHILD'S FIRST NAME:

CHILD'S LAST NAME:

BIRTHDATE: ____ / ____ / _____

MALE:

FEMALE:

ARE IMMUNIZATIONS CURRENT?: YES NO

Has child been hospitalized or had operations, serious injuries, fractures, etc. in the past five years?

YES NO

Does he/she have any disability, special needs, chronic or recurring illness or condition?

YES NO

Does he/she have any conditions requiring medical treatment or special considerations while in this program?

YES NO

Are there any activities from which your child should be exempted for health reasons?

YES NO

If you answered **YES** to any of the questions above, please give details:

Name current medications (prescribed or over the counter) and give instructions:

List allergies and diet restrictions or **NO** my child does not have any allergies or diet restrictions:

HEALTH INSURANCE INFORMATION:

Physician's Name: _____ at (hospital/clinic/office) _____

Phone Number: _____ Medical Insurance Carrier: _____

Policy Number: _____ Group Number: _____

PARENT/GUARDIAN AUTHORIZATION: I certify that, in advance of participation in Atlanta School of Excellence (ASOE) programs, I have received any and all information which I deem necessary or important in making an informed choice regarding my child's participation in such activity or program. I acknowledge the risks inherent in my child's participation in activities. In consideration for ASOE, allowing my child to participate in such activity or program, I hereby voluntarily agree to assume all risks of his/her participation in such activity/program. IN EXCHANGE FOR ALLOWING MY CHILD TO PARTICIPATE IN ASOE PROGRAMS AND SERVICES, I HEREBY AGREE TO RELEASE AND HOLD HARMLESS ASOE, it's Director, employees and volunteers. The use of all ASOE facilities shall be undertaken at the undersigned's own risk. This agreement shall be governed by the laws of Georgia. I give permission for my child to participate on supervised field trips away from the site. The health information about MY CHILD THAT I HAVE PROVIDED TO ASOE (INCLUDING MY CHILD'S IMMUNIZATION RECORDS) IS COMPLETE AND CORRECT SO FAR AS WE KNOW. My child has permission to engage in all prescribed activities except as noted in his/her registration materials.

AUTHORIZATION OF TREATMENT: I hereby give my permission to the medical personnel selected by the Director to secure emergency medical treatment, including, but not limited to, first aid, CPR, admission to any hospital, tests, surgery or general anesthesia, so long as care is provided by persons or facilities licensed in the state in which such treatment is rendered. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director to secure and administer treatment, including hospitalization, for the child named above. The completed forms may be photocopied for field trips. I further acknowledge that any medical treatment ordered is my financial responsibility and not that of Atlanta School of Excellence, or any of its agents, employees or volunteers.

HOSPITAL CONSENT: Hospital has permission to treat my child (specify name of hospital): _____

ACKNOWLEDGEMENT OF POLICIES & GUIDELINES: By signing below, I acknowledge that I have read the above information, and I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures in order for the program to be a successful experience for all.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

REGISTRATION FEE/PAYMENT OF BALANCE

Early Bird and General registration fees guarantees my child's registration in camp; fees are non-refundable and non-transferable. No exceptions made. I understand that payments are due at arrival time on Friday's for the upcoming week.

My child will attend ___ sessions of camp at a rate of \$105.00 per child, per week.

CAMP PAYMENT POLICIES

Please initial each payment policy. These policies apply to all summer camps. No exceptions made.

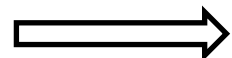
____ General Registration (after April 25, 2016): \$50(per child) non-refundable, non-transferable registration fee.

____ I understand that the tuition is \$105 (per child) for each weekly camp session.

____ I understand the tuition for each camp session is due at arrival time on Fridays for the upcoming week. (\$30.00 Late Fee will be added after 10:00 a.m.)

Signature of parent/guardian: _____ **Date:** _____

PRINT NAME of parent/guardian: _____ **Date:** _____



**Destination Adventures
at Atlanta School of Excellence
2016 Summer Camp Schedule**

<input type="checkbox"/>	Session 1	May 31 – June 03 <i>(No camp Mon., May 30th)</i>
<input type="checkbox"/>	Session 2	June 6 – June 10
<input type="checkbox"/>	Session 3	June 13 – June 17
<input type="checkbox"/>	Session 4	June 20 – June 24
<input type="checkbox"/>	Session 5	June 27 – July 01
<input type="checkbox"/>	Session 6	July 05 – July 08 <i>(No camp Mon., July 4th)</i>
<input type="checkbox"/>	Session 7	July 11 – July 15
<input type="checkbox"/>	Session 8	July 18 – July 22 <i>(No camp teacher planning)</i>
<input type="checkbox"/>	Session 9	July 25 – July 29