

**Green Teen Camp Registration General Information**

**Complete 1 form for EACH camper**

**Camper's Last Name:**

**Camper's First Name:**

**Address, City, State, Zip:**

**Home Phone:**

**Female/Male:**

**Birth Date:**

**Grade Student is Entering August 2019\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**T-Shirt Size** (select one) **Youth XS Youth S Youth M Youth L Adult S Adult M Adult L Adult XL**

**GREEN TEEN TRAVEL CAMP – Entering Grade 7th. 8th, and 9th**

**(Early Bird Special if paid by May 5th & for Siblings)**

**Registration Fee:** Non-Refundable One-Time Registration Fee of $40.00 per student

**Method of Payment:** Check – Online – Money Order/Cash – (Sorry no Credit Card Accepted at the Time)

**Camp Times:** Monday – Friday, 9:00AM – 6:00PM (Travel Camp Times May Vary)

**Please choose the week# and student(s) who will attend by writing their name(s) on each week.**

**I can S.E.E. Week#1 - Augusta** – June 4-8, 2018 – **COST: $325.00**

**I can S.E.E. Week#2 - Atlanta** – June 11 –15, 2018 - **COST: $595.00**

**I can S.E.E. Week#3 - Charlotte** – June 18-22, 2018 - **COST: $575.00**

**I can S.E.E. Week#4 - Greenville** – June 25– 29, 2018 – **COST: $575.00**

**I can S.E.E. Week#5 - Columbia** – July 2 – 6, 2018 **(No Camp on July 4th) COST: COMING SOON!**

**I can S.E.E. Week#6 - Columbus** – July 9 – 13, 2017 – **COST: COMING SOON!**

**I can S.E.E. Week #7** – **Athens** - July 16 – 20, 2017 – **COST: COMING SOON!**

**I can S.E.E. Week #8** – **Macon** - July 23 – 27, 2017 – **COST: COMING SOON!**



**Camp Registration Emergency Contact & Health Form**

**Child’s Name:** Last Name: **First Name:**

**PARENT GUARDIAN INFORMATION:**

**1st Parent:** **Last Name:** **First Name:**

**Primary Phone**: **(Circle One)** Home Work Mobile **Allow SMS Text?** YES/NO

**Secondary Phone:**

**Email:**

**Employer:**

**2nd Parent:** **Last Name:** **First Name:**

**Primary Phone: (Circle One)** Home Work Mobile **Allow SMS Text?** YES/NO

**Secondary Phone:**

**Email:**

**Employer:**

**JOINT CUSTODY INFORMATION**

Has there been a divorce or separation? Yes No

If YES, who has custody?

The joint/non-custodial parent should be contacted in the event of an emergency? Yes No

**EMERGENCY CONTACTS & HEALTH**

**Two Contacts other than parents/guardian that camper can be released to if parents are unavailable.**

**Emergency Contact Name: Emergency Contact Name:**

**Relationship: Relationship:**

**Phone: Phone:**

**AUTHORIZED PERSON (S) TO PICK CAMPER**

**In addition to parents/guardian & emergency contacts**

**Authorized Person Name: Authorized Person Name:**

**Relationship: Relationship:**

**Phone Number: Phone Number:**

**MEDICAL & BEHAVIOR QUESTIONS**

**To help us provide the best care possible**

**Copies of immunization records must be on file**

Has your child been diagnosed or treated for the following: Please Circle All that Apply

Asthma Allergies Special Dietary Needs Allergies to Insect Stings Seizures Spectrum Disorder Allergy to Poison Ivy ADD/ADHD Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide details for any of the above that are circled:

Signs or symptoms to watch for:

Any additional information that may be helpful to us:

Physician's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Carrier:

Please list current medications, prescribed or over the counter that your child is will be taking during summer:

Would you like to discuss your child's personal medical or behavioral needs with the Camp Director prior to the start of camp? Yes No

Contact Number: Best Time of Day to Be Reached:

Parent/Guardian Signature: Date:

**Additional Information**

*(To be filled out by parents. Please attach additional pages if necessary)*

The following questions will enable us to better serve you and your family as your child prepares for camp. Information from this application will be provided to staff on a ‘need to know basis’ to help promote the safety and well-being of your child while in our care. Please thoroughly complete this section indicating any special needs (sleep walking, traumatic changes i.e. new location, school, separation, death in family), or medical conditions of which we need to be aware in preparing for the care of your child.

Has your child ever attended camp? \_\_\_\_\_YES \_\_\_\_\_NO

What are your child(ren) final grades for this year?  A-Bs  C-D’s

**(Please Note: Failing student, expelled, suspended or extensive misconduct cannot attend overnight trips. Parent’s verification signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Camper’s Personality Traits: (such as friendly, timid, even-tempered, aggressive etc.): \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper’s Social Maturity: \_\_\_\_\_\_Average \_\_\_\_\_\_Mature \_\_\_\_\_\_Immature

Has your child spent more than 1 night away from home? \_\_\_\_\_YES \_\_\_\_\_\_NO- If no, please give suggestions in helping your child with this adjustment (i.e. favorite stuffed animal, night time routine, etc…)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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