

Campers Name: _____

Age (as of May 31, 2017): _____

Triple "A" Summer Camps at Cornerstone Academy

CHILD'S INFORMATION

First _____ Last _____ Nickname: _____ Gender: M ___ F ___
School Name _____ Grade _____ Birth date ____/____/____ Age (as of May 31, 2017) _____
Street Address _____
Town/City _____ State _____ Zip code _____

PARENT/GUARDIAN - CONTACT INFORMATION

Parent/Guardian #1
First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip code _____
Home Phone _____ Work Phone _____ Cell phone _____
E-mail _____

Parent/Guardian #2
First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip code _____
Home Phone _____ Work Phone _____ Cell phone _____
E-mail _____

Child lives with: _____ Person responsible for camp fees _____

EMERGENCY CONTACT INFORMATION - ALTERNATE PICKUP/RELEASE

Emergency Contact #1
First Name _____ Last Name _____ Home Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #1
First Name _____ Last Name _____ Home Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

MEDICAL RELEASE INFORMATION (Insurance Information)

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes No
_____	_____	Yes No
_____	_____	Yes No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes ___ No ___
If yes, explain: _____

Is your child allergic to any type of food or medication? Yes ___ No ___
If yes, explain: _____

Does your child require a special diet? Yes ___ No ___
If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

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IN CASE OF MEDICAL EMERGENCY CONTACT:

Contacts	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Triple "A" Camps will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

CAMP PAYMENT INFORMATION

There is a **\$5 NON-REFUNDABLE** registration fee payable to L.P. Jennings and is due with your child's application for **each camp** they are registered to attend. All camp tuitions are due on or before May 15, 2017. If the remaining balance is not paid in full by the deadline, your child's seat in the camp will be cancelled and offered to another camper on the waiting list.

Payment refunds (except for the non-refundable deposit) will be made up to 5 days prior to the start of a camp for cancellations. After that time, no refunds can be made. In order to be fair to all of our valued campers and parents, no exceptions can be made to this policy. If a camp is cancelled by "Triple A", all of the tuition for that camp will be returned in full (this does not include the \$5.00 registration fee).

TERMS OF AGREEMENT

Photo Release

I hereby give permission for my child to be photographed during the Triple "A" Camp. I understand the photos will be used to keep a journal of activities, to share during Power Point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed. I do not expect compensation and agree that all photos are the property of Triple "A" Camp and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official Triple "A" Camp activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

"Triple "A" Camp and its counselors are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Campers Name: _____

Age (as of May 31, 2017): _____

Triple "A" Summer Camps at Cornerstone Academy

SESSION I CAMPS

Session I (Half Day Morning Session) – June 5th thru June 9th – 2017

- | | | |
|--|--|---------|
| <input type="checkbox"/> CORNERSTONE HEALTHY COOKING CLUB
Instructor: Miss Wilson | 8:30 A.M. – 12:30 P.M. Grades 2 – 5
Make checks payable to: Jordan Wilson | \$85.00 |
| <input type="checkbox"/> Project Runway I
Instructor: Miss Henderson | 8:30 A.M. – 12:30 P.M. Grades 2 – 8
Make checks payable to: Heather Henderson | \$85.00 |

Session I (Half Day Afternoon Session) – June 5th thru June 9th – 2017

- | | | |
|---|---|---------|
| <input type="checkbox"/> Volley It Up Camp
Instructor: Coach Flowers | 2:30 P.M. – 3:00 P.M. Grades 5-8
Make checks payable to: Shannon Flowers | \$55.00 |
|---|---|---------|

Session I (Full Day Camps) – June 5th thru June 9th – 2017

- | | | |
|---|---|----------|
| <input type="checkbox"/> ART-TASTIC Day Camp
Instructors: Ms. Cardiasmenos | 9:00 A.M. – 3:00 P.M. Grade 1 – 2 (Mini Monets)
Make checks payable to: Catherine Cardiasmenos | \$105.00 |
| <input type="checkbox"/> BASKETBALL WITH FORMER NBA PLAYER
Instructor: Coach Owens | 9:00 A.M. – 3:00 P.M. Grades 2 – 6
Make checks payable to: Dapreis Owens | \$120.00 |
| <input type="checkbox"/> BUSY BEES BUG CAMP
Instructor: Bug Hunter Ms. Evans | 9:00 A.M. – 3:00 P.M. Grades K – 2
Make checks payable to: Julie Evans | \$120.00 |

SESSION II CAMPS

Session II (Half Day Camp) July 17th thru July 21st - 2017

- | | | |
|--|---|---------|
| <input type="checkbox"/> READY? SET? KINDERGARTEN!
(LIMITED OPENINGS) Instructors: Mrs. Lewis | 9:00 A.M. – 11:30 A.M. Grade - Incoming K
Make checks payable to: Alyssa Lewis | \$65.00 |
|--|---|---------|

Session II (Full Day Camps) – July 17th thru July 21st - 2017

- | | | |
|--|--|----------|
| <input type="checkbox"/> ART-TASTIC DAY CAMP
Instructors: Ms. Cardiasmenos | 9:00 A.M. – 3:00 P.M. Grades 3 – 5
Make checks payable to: Catherine Cardiasmenos | \$105.00 |
| <input type="checkbox"/> MARCHING BAND, WHAT'S THAT?
Instructors: Miss Wilson (Certified Teacher and Band Instructor) | 9:00 A.M. – 3:00 P.M. Grades 5 – recently graduated 8 th
Make checks payable to: Erin Wilson | \$65.00 |
| <input type="checkbox"/> DRAMA QUEENS AND KINGS
Instructor: TBD | 9:00 – 3:00 P.M. Completed Grade 3 – 5
Make checks payable to: Mrs. Jennings | \$105.00 |
| <input type="checkbox"/> FUN LEARNING THROUGH STEM!
Instructor: TBD | 9:00 A.M. – 3:00 P.M. Grades 1 – 3
Make checks payable to: Mrs. Jennings | \$105.00 |
| <input type="checkbox"/> GIRLS ROCK!! A friendship camp <i>just for girls!</i>
Instructors: Mrs. Billman and Miss Swanseger | 9:00 A.M. – 3:00 P.M. Girls Grades 2 nd – 4 th
Make checks payable to: Drew Billman | \$105.00 |