

Adventure Zone Summer Camp 2010 Registration Information

PLEASE READ CAREFULLY ALL OF THE FOLLOWING INFORMATION

REGISTRATION:

The \$50.00 fee covers registration for the camp calendar year, **June 1st, 2010, through July 23, 2010**, along with three T-shirts per camper.

HOLDING FEES

A \$10.00 per week holding fee for each week reserved is required at the time of registration. Holding fees will be deducted weekly from the rates listed below. **Holding fees are non-transferable and non-refundable.** Holding fees help us keep our cost down by allowing us to staff appropriately.

WEEKLY RATE

Full Day - 7:00 a.m. - 6:30 p.m. \$160.00

2nd child rate - \$10.00 off the weekly rate for the 2nd child

3 or more siblings - \$25 off the weekly rate

*** Two or more campers must be present in order to receive discount.**

*** Weekly fees are due on the Monday of each week a child attends.**

SPECIAL FEES

- **Additional fees for season passes (parks TBA) will apply to 7th - 9th campers.**
- Late pick up after 6:30 p.m. is \$2.00 per minute. Please note, late fees will be applied to the bill and must be paid within the week. After the third offense, the camper may be dismissed from camp (see late policy in the Summer Camp Handbook).
- Emergency lunches are \$5.00. If your child does not have a lunch, they will be given one.
- All returned checks are subject to a \$25.00 fee.

FINANCIAL NOTES

- Please make checks out to CCS (include children's first and last names and the dates for which you are paying for in the memo section of your check)
- Camp accepts Visa and MasterCard
- Please make camp payments separate from other CCS payments
- All fees are non-refundable and non-transferable

Please Note: Your child will not be allowed to sign in on Tuesday if fees have not been paid.

Checklist for Registration:

Completed Registration Form _____

Completed and Signed Medical Authorization Form _____

Signed Liability Release _____

Registration Fee _____

Holding Fees _____

Completed Commitment Card _____

Current GA 3231 Immunization Form _____

***All of the above must be turned in for registration to be complete.**

Adventure Zone Summer Camp 2009 General Information

How to reach us

The Adventure Zone Summer Camp office number is 678-432-0191 ext. 109. The Summer Camp website is www.communitychristianschool.net.

Groups

In order to keep children with their peer groups, children will be placed according to the grade they are going into in August 2010.

Dates of operation

June 1st-July 23rd, 2010 (closed July 5 in observance of Independence Day)

Hours of operation

Hours of operation are from 7:00 a.m. to 6:30 p.m. We will not be able to receive any camper **before 7:00 a.m.** Camp closes at 6:30 p.m. Any camper not picked up by 6:30 p.m. will incur a \$2.00 per minute late fee.

Check-In/Out

For the safety of your camper, we ask that you sign your child in and out daily. When signing your child out, please remember your picture ID. Please note: the same person may not always be at the sign-out window.

Snacks

Campers will need to bring a morning and afternoon snack.

Lunches

Campers will have the option of bringing their lunch from home or ordering a hot lunch or travel lunch from our food service. There will be a \$4.00 charge for lunches. All lunch orders must be placed by Friday of the week prior to the week for which you are ordering. Emergency lunches will be \$5.00.

Medical Notice

If medication is required for your camper during camp hours, a Medical Authorization Form must be filled out each week. We will only be able to accept medications that are in their original bottle. If the medication is a prescription drug, it must have the prescription label with the child's name and prescription number. **ALL** medications are kept in the camp office.

Lost and Found

We cannot take responsibility for items left at camp; however we will make every attempt to return marked items to the camper as they are turned in to us. Please remember to check the Lost & Found daily. Any unmarked or unclaimed items will be donated to a local charity every two weeks.

2010 Summer Camp Season

Week 1: 6/1 – 6/4

Week 2: 6/7– 6/11

Week 3: 6/14 – 6/18

Week 4: 6/21 – 6/25

Week 5: 6/28 – 7/2

Week 6: 7/6 – 7/9

Week 7: 7/12 – 7/18

Week 8: 7/19 – 7/23

ADVENTURE SUMMER CAMP

2010 Registration Form and Authorization for Medical Treatment

Camper Name: (one child per form) _____

Last First

Name camper goes by: _____ Date of Birth: ____/____/____

Gender: Male Female Previous camper at CCS? No Yes If yes, what year(s)? _____

How did you find out about our camp? _____

Church your family attends: _____ School child attends: _____

Grade completed in 2010: _____ Swimming ability: Non-swimmer Beginner Intermediate Advanced

Shirt Size: **YOUTH** XS S M L XL **ADULT** S M L XL XXL

(Please note: We will not be able to exchange T-shirts from size ordered.) Parent Initials: _____

Child's Home Address: _____ City _____ Zip _____

Home Phone: _____ E-mail: _____

Child's Living Arrangement: Both Parents () Mother () Father () Other _____

Father/Legal Guardian: _____

May child be released to father? ____ (If No - Documentation is required for file)

Father's Home Address: _____ City _____ Zip _____

Occupation and title: _____

Work Phone: _____ ext: _____ Cell: _____

Mother/Legal Guardian: _____

May child be released to mother? ____ (If No - Documentation is required for file)

Mother's Home Address: _____ City _____ Zip _____

Occupation and title: _____

Work Phone: _____ ext. _____ Cell: _____

Child may be released to the following people:

Name	Address	Phone	Relation to Child

For Office Use Only 3231 Immunization record Commitment Card Holding Fees

Date _____ Initials _____ Reg. Fee \$ _____ Weekly Holding Fees \$ _____ Season Pass \$ _____

Check # _____ Cash _____ V/MC _____ Money Order # _____ CB _____

Camper Name: _____

EMERGENCY CONTACT INFORMATION (other than the parents)

Name(s): _____ Relation: _____

Phone: _____ Alternate Phone: _____

Name(s): _____ Relation: _____

Phone: _____ Alternate Phone: _____

Name(s): _____ Relation: _____

Phone: _____ Alternate Phone: _____

MEDICAL HISTORY

PLEASE LIST ANY MEDICAL PROBLEMS AND/OR ALLERGIES**. If none, please write "none". If your child has allergies or intolerance to certain foods please be advised to supply your child with food or drink that is suitable.

** Because we offer a lunch program and/or may provide food for campers, please include ANY food allergies your child has, as well as any food products your child may not have (ex: pork, beef etc.).

My child may have: Tylenol Motrin Benadryl Tums Other over-the-counter medications : _____

Parents will be given a courtesy call prior to any of the medications listed above being administered.

MEDICATION:

- Camper takes no medication on a routine basis
- Camper takes the following medication on a routine basis: _____
- Camper will need to take the following medications at camp: _____

Medical Authorization form will need to be filled out weekly in order for medication to be administered while camper is at camp.

Camp counselors may apply bug spray to my child for outdoor activities. Yes No

Camp counselors may help apply sunscreen to my child for outdoor activities. Yes No

(CAMP DOES NOT SUPPLY THESE ITEMS)

Child's Doctor: _____ Phone: _____

Office Location: _____

Medical Insurance Company: _____ Insurance #: _____

Adventure Zone has permission to photograph my child during his/her time at camp. Yes No

By signing this registration, I agree to all financial policies listed on the SUMMER CAMP information sheet.

PARENT SIGNATURE: _____ DATE: _____

SUMMER CAMP LIABILITY RELEASE

As parent or legal guardian of the below named participant, I give permission for my child to attend the activities and/or events that COMMUNITY CHRISTIAN SCHOOL will be conducting during the 2010 summer camp session. The participant and his or her parents/legal guardians will decide whether the individual will participate in any particular event during the year. If the participant and his or her parents/legal guardians elect to participate in any particular youth activity during 2010, this authorization and consent shall apply. I understand that some events will include transportation to and from functions locally and outside of Stockbridge, GA and will involve activities in which an adult will work with a group of youths. The adult will NOT be able to provide individual attention and supervision to each participant at all times.

I, as parent or legal guardian, and on behalf of the below named participant, hereby release, hold harmless and indemnify COMMUNITY CHRISTIAN SCHOOL, its officers, directors, employees, agents, partners and volunteers from and against any and all claims, causes of action, actions and/or liability of every nature and kind pertaining to such activities, wave and relinquish whatever right either I may have or which might otherwise occur against COMMUNITY CHRISTIAN SCHOOL, its officers, directors, employees, agents, partners, and volunteers.

Provided the medical care and treatment of the participant is on the advice of a licensed physician, I authorize and request all physicians, hospitals, or other providers of medical services to follow the instructions of any person identifying himself or herself of an adult supervisor of the youth for COMMUNITY CHRISTIAN SCHOOL, at any time and under any circumstances whatsoever, I understand that the authorization and consent herein provided includes any x-ray examination, anesthetics, medical or surgical diagnosis or treatment, and hospital care rendered to the participant under the general or special supervision or on the advice of a licensed physician, surgeon and anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

The consent, waiver, authorizations indemnification and release provisions hereof shall remain in full force and effect until written notice of revocation is received by COMMUNITY CHRISTIAN SCHOOL and its office in Stockbridge, GA.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE WITH THIS RELEASE OF ALL LIABILITIES AND THE AUTHORIZATION OF MEDICAL TREATMENT BY A LICENSED PHYSICIAN AND THAT A PHOTOCOPY OF THIS DOCUMENT SHALL SERVE AS THIS ORIGINAL.

Camper's Name (Please Print): _____

Parent / Legal Guardian Signature _____ **Date** _____