

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE FILLING OUT YOUR APPLICATION:

1. Use a separate application for each child. Deposit check may include all children in the same family. Do not include more than one family on a check. Please do not use staples to attach check to application.
2. Indicate whether you are requesting one or two weeks of camp. Camp fee is \$145 per week.
3. Enclose a deposit of \$25/child if you want one week or \$50/child if you want two weeks. This deposit will be applied to your camp fee and will be refunded only if your request for camp sessions cannot be met. The balance of your camp fee is due no later than the start of each camp week.
4. Completely fill out the rest of the application, including date of birth. Camper must be at least five years old and not more than eleven years old during his or her camp session.
5. Beginning February 6, applications from those who attended camp in 2016 (and their siblings) will be processed in the order received. We will also receive and date applications from new applicants on this date.
6. Beginning February 20, applications from all new applicants will be processed in the order received.

INDEPENDENT PRESBYTERIAN CHURCH DAY CAMP 2017

Name _____ D.O.B. _____ Age(during camp) _____ Sex: M / F Phone _____

Address _____ City _____ State _____ Zip _____

Email address _____ In case of emergency, contact:

Name _____ Relationship _____ Phone _____ Cell _____

Father's work/cell phone _____ Mother's work/cell phone _____

Does your child have a medical condition that could affect his/her ability to participate in camp activities? Yes / No

Please give any information regarding your child that could be helpful (medical conditions, recent injury, infectious disease, diabetes, chronic or recurring illness, asthma, recent surgery, current medications, allergies, etc.) :

I'm requesting (circle one): 1 session / 2 sessions I prefer (circle one): Consecutive weeks / Separated weeks

Indicate your preference for camp sessions by placing numbers 1 through 8 in the blanks beside the sessions (1 being your first choice, 8 being your last choice). If you cannot attend a particular session of camp, do not give that session a ranking. ***If you are willing to accept a session, please go ahead and rank that session.

____ Session 1 May 29 – June 2 ____ Session 4 June 19 – 23 ____ Session 7 July 10 – 14

____ Session 2 June 5 – 9 ____ Session 5 June 26 – 30 ____ Session 8 July 17 – 21

____ Session 3 June 12 – 16 ____ Session 6 July 3 – 7

To request transportation, check your preference for pickup location. Transportation is an additional \$20/child/week.

____ Oglethorpe Mall ____ Daffin Park ____ Sandfly

If you wish to order camp tee shirts at \$10.00 each, please indicate size below.

Youth sizes: S (6-8) ____ M (10-12) ____ L (14-16) ____ Adult Sizes: S ____ M ____ L ____ XL ____

I affirm that the information provided above is accurate and complete and I have fully disclosed all of my child's preexisting medical conditions. I understand that this IPC Day Camp program will be conducted largely outdoors and that it is designed to be challenging as well as educational. I recognize and acknowledge that, when participating in these activities, the risk of injury or disability cannot be totally eliminated. In the event of illness or injury, consent is hereby given to provide emergency medical care to my child. I agree to fully release Independent Presbyterian Church, IPC Day Camp, and their officers, employees, staff members and volunteers from any and all liability, claims or litigation actions that myself or my child may have which are directly or indirectly related to my child's participation in this IPC Day Camp program.

Parent's Signature _____ Date _____