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. **Camp fee is $165 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 session.**
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 1, applications from those who attended camp in 2020 (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 15, applications from all new applicants will be processed in the order received.**

INDEPENDENT PRESBYTERIAN CHURCH DAY CAMP 2021

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

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 (check one): ____1 session
____2 sessions

I prefer (check one): ____Consecutive weeks
____Separated weeks
____No preference

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 31 – June 4 ____Session 4 June 21 – 25 ____Session 7 July 12 – 16

____Session 2 June 7 – 11 ____Session 5 June 28 – July 2 ____Session 8 July 19 – 23

____Session 3 June 14 – 18 ____Session 6 July 5 – 9

To order camp tee shirts ($10 each), check size below. If registered for 2 sessions and want a shirt each time, put a "2".

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, disability and illness 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 that myself or my child may have which are directly or indirectly related to my child's participation in the IPC Day Camp program, including, but not limited to, any claims related to injury, disability or illness.

Parent's Signature_____Date_____