



Athens Academy
Summer Camp and Programs
 P.O. Box 6548
 Athens, Ga 30604
 706-549-9225

Summer Camp and Programs 2010 Application

Camper's Name _____

MALE FEMALE

Grade Entering Fall 2010 _____

Birth Date: ___/___/___

Current School: _____

T-Shirt Size: Youth S M L Adult S M L XL

Parent's Names _____

Email Address: _____

Mailing Address: _____

Telephone: Home _____ Street _____ City _____ State _____ Zip _____
 Cell: _____ Work: _____

Medical Information: (Allergies, etc) _____

Registering For: Check all camps:

Summer Camp: <input type="checkbox"/> Week 1 - June 7 - 11 <input type="checkbox"/> Week 2 - June 14 - 18 <input type="checkbox"/> Week 3 - June 21 - 25 <input type="checkbox"/> Week 4 - July 12 - 16 <input type="checkbox"/> Week 5 - July 19 - 23	Extended Time 7:40 - 9:00 AM 3:00 - 5:30 PM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	June 28 - July 2 Camps: <input type="checkbox"/> LS All Sports Camp (\$110.00) Rising 1st - 5th Grades <input type="checkbox"/> Fiesta! Spanish Camp (\$100.00) Rising K4, pre-first, 1st grades
June 7 - 10 Camps: <input type="checkbox"/> Kevin Petroski Lady Basketball (\$110.00) Rising 4th - 8th	June 7 - 11 Camps <input type="checkbox"/> Casey Kane Baseball Camp (\$130.00) Rising 3rd - 6th <input type="checkbox"/> MS Sparbots (\$130.00) Rising 5th - 9th Grades <input type="checkbox"/> Alice 3D Programming (\$130.00) Rising 5th - 9th Grades	July 12 - 16 Camps <input type="checkbox"/> Michael Gunn Football Camp (\$150.00) 7 - 14 Year Olds
June 14 - 18 Camps: <input type="checkbox"/> LS Soccer Camp (\$130.00) Rising 1st - 5th Grades <input type="checkbox"/> MS Soccer Camp (\$130.00) -Rising 6th - 9th	June 21 - 25 Camps: <input type="checkbox"/> James Banks Basketball (\$130.00) 9 - 16 year olds <input type="checkbox"/> SAT Workshop (\$150/\$280 for both) Please Circle Verbal Math Both	July 19 - 23 Camps <input type="checkbox"/> James Banks Basketball (\$130.00) 9-16 Year Olds
A \$50 deposit per week per camp is due with this form. Full tuition must be paid by the first day of each camp. Make checks payable to Athens Academy	July 26 - 28 Camps <input type="checkbox"/> LS Cheerleading Camp (\$110.00) - Rising 5 years - 4th grade	July 19 - July 30 Camps <input type="checkbox"/> Rising 5 Math Workshop (\$250.00) <input type="checkbox"/> Rising 6 Math (\$250.00) <input type="checkbox"/> Rising 6/7 Writing (\$250.00) <input type="checkbox"/> Rising 7 Math (\$250.00) <input type="checkbox"/> Rising 7/8 Writing (\$250.00) <input type="checkbox"/> Rising 8 Math (\$250.00) <input type="checkbox"/> Rising 9 Math (\$250.00)
	July 26 - 30 Camps <input type="checkbox"/> Nikki Chester Volleyball Camp (\$130.00) Rising 6th - 9th <input type="checkbox"/> LS Sparbots (\$130.00) Rising 1st - 5th Grades	July 26 - July 29 Camps (No camp Friday, July 30): <input type="checkbox"/> Harry Potter Camp (\$100.00) - Rising 3rd - 6th Grades
	July 26 - Aug 6 Camps <input type="checkbox"/> Rising 5th Reading (\$250) <input type="checkbox"/> Rising 6th Reading (\$250)	July 26 - Aug 6 Camps <input type="checkbox"/> Rising 5th Reading (\$250) <input type="checkbox"/> Rising 6th Reading (\$250)
	Total Fee from all camps: \$ _____	

Payment Information: Check line which applies:
For Athens Academy students only:
 _____ - Please bill my student's account the full amount for his/her camps: _____ (amt)
For Athens Academy students and non-Athens Academy students:
 _____ - I have included my check for the full amount of camps _____ (amt)
 _____ - I have included my check for the deposit amounts of _____. I will pay the remainder the first day of each camp.

I hereby _____do/_____do not give permission to use my child's name, photograph, picture, portrait, likeness, voice, artwork, written work, or any other work produced in conjunction with a school project, class, or extracurricular activity in connection with educational and promotional materials or for any legitimate purpose.

Parent Signature: _____ **Date:** _____

ATHENS ACADEMY SUMMER CAMP and PROGRAMS

Medical History and Release

Name of child _____ Birthdate _____ Sex ___ Age ___

Parent/Guardian _____

Home Address _____ Phone _____

Business Address _____ Phone _____

Emergency Contact (other than parent) _____

Home address _____ Phone _____

Business address _____ Phone _____

HEALTH HISTORY (check if your child has ever had any of the following medical complications)

_____ Frequent ear infections

_____ Diabetes

_____ Epilepsy

_____ Mononucleosis

_____ hay fever

_____ poison ivy

_____ insect stings

ALLERGIES:

_____ asthma

_____ penicillin

_____ other drug

Operations or serious injuries (dates): _____

Any specific activities to be encouraged or limited by physician: _____

Dietary modifications: _____

Current medications (send instructions): _____

Child's pediatrician: _____ Phone _____

Date of last physical exam: _____

Medical insurance company: _____ policy/group # _____

Other _____

IMPORTANT – This must be completed for attendance

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the director to order X-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above. This form may be photocopied for outside use.

Signature of parent/guardian or adult: _____

Date: _____