

CAMP AREOPAGUS

P.O. Box 185, Vilonia, AR 72173
 Phone: 501.472.5108
 www.campareopagus.org

2021 Summer Camp

APPLICATION

PART 1: PARTICIPANT'S INFORMATION		
Child's Name (First, Last):	Age:	Grade (Next School Year):
Address:	Date of Birth: _/_/___/___	Gender (Male, Female):
Email Address:	Church Family Attends:	
Bunking Request (no guarantees):	T-Shirt Size	

PART 2: CONTACT INFORMATION		
Parent's / Guardian's Names:		Relationship to Child:
Home Phone:	Work Phone:	Cell Phone:
Emergency Contact:		Emergency Phone Number:

PART 3: CAMP SESSION INFORMATION					
<p>DEPOSIT (per child) is 50% of Tuition Deposits must be paid by May 21. After this date 100% of tuition to be paid</p> <ul style="list-style-type: none"> ○ Day Camp (June 14-17) Kindergarten – 3rd Grade. Tuition: \$60 Director: Jason Almond, Riley Almond ○ High School Session (June 27-July 3) Grades 10-12. Tuition: \$125 Director: Allan Myers, Matthew Martin ○ Middle School Camp (June 6-9) Grades 4-6. Tuition: \$125 Directors: Rod Leslie, Cody Bradford ○ Jr. High School Camp (June 20-26) Grades 7-8. Tuition \$125 Directors: Spencer Cromwell, Noah Icenhour 					
	<table border="1"> <tr> <th colspan="2">CANCELATION POLICY</th> </tr> <tr> <td colspan="2"> <p>There will be no refund of deposits. Deposits are used to prepare for campers and those preparations must be made whether the camper attends or not. It is recommended that only deposit be paid in advance so this policy becomes no burden to payer</p> </td> </tr> </table>		CANCELATION POLICY		<p>There will be no refund of deposits. Deposits are used to prepare for campers and those preparations must be made whether the camper attends or not. It is recommended that only deposit be paid in advance so this policy becomes no burden to payer</p>
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ASUMPTION OF RISK, ACCIDENT, MEDICAL & PUBLICITY RELEASE/INDEMNITY AGREEMENT

I understand the Camp Areopagus' camp may be physically and emotionally demanding. I recognize and accept the risks involved in Camp Areopagus, and I assume the risks from activities. In consideration of the above, I have and hereby assume all the risks of participation in the activities of camp and will hold Camp Areopagus, its employees, agents, trustees, officers, and affiliates harmless from any and all liability, I also understand that my child's participation in Camp Areopagus' activities is entirely voluntary. I have provided in written form any physical, mental, or psychological issue my child may be experiencing that could have an impact on his/her well-being during Camp Areopagus' activities.

- I authorize photo/digital media release for the purpose of publication, websites and/or displays to promote Camp Areopagus.
- I authorize Camp Areopagus staff to seek emergency treatment from a qualified individual for the above applicant.

1. Does your child have any medical conditions that could affect their ability to participate in camp activities? YES NO
 If yes, please identify and explain:
2. Is your child currently taking any medication? YES NO
 If yes, please identify and explain:
3. Does your child have any allergies, or are there any special instructions or restrictions? YES NO
 If yes, please identify and explain:
4. Please share any other information about your child you feel we need to know to make his/her camp experience successful. This information will only be shared with the child's camp director and/or counselor.

SIGN HERE	Parent's/Guardian's Signature	Today's Date
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