

CAMP AREOPAGUS

P.O. Box 185, Vilonia, AR 72173

Phone: 501.472.5108

www.campareopagus.org

2022 Summer Camp

APPLICATION

PART 1: PARTICIPANT'S		
Child's Name (First, Last):	Age:	Grade (Next School Year):
Address:	Date of Birth: __/__/__	Gender (Male, Female):
Email Address:	Church Family Attends:	
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		
<ul style="list-style-type: none">○ Day Camp (June 6-9) Kindergarten – 3rd Grade. Tuition: \$60 Director: Jason Almond, Riley Almond○ Middle School Camp (June 12-15) Grades 4-6. Tuition: \$125 Directors: Rod Leslie, Cody Bradford○ Jr. High School Camp (June 19-25) Grades 7-8. Tuition \$125 Directors: Spencer Cromwell, Noah Icenhour○ High School Session (June 26-July 1) Grades 10-12. Tuition: \$125 Director: Allan Myers, Matthew Martin		
ASUMPTION OF RISK, ACCIDENT, MEDICAL & PUBLICITY		
<p>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 herby 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.</p> <ul style="list-style-type: none">○ 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.<ol style="list-style-type: none">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