



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

Summer Camp and Programs 2009 Application Lower School Camps

Camper's Name _____

MALE FEMALE

Grade Entering Fall 2009 _____

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:

<p>Summer Camp:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">Extended Time</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">7:40 - 9:00 AM</td> <td style="text-align: center;">3:00 - 5:30 PM</td> <td></td> </tr> </table> <p><input type="checkbox"/> Week 1 - June 8 - 12 <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Week 2 - June 15 - 19 <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Week 3 - June 22 - 26 <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Week 4 - July 6 - 10 <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Week 5 - July 13 - 17 <input type="checkbox"/> <input type="checkbox"/></p>		Extended Time		7:40 - 9:00 AM	3:00 - 5:30 PM		<p>July 6 - 10 Camps:</p> <p><input type="checkbox"/> James Banks Basketball (\$130.00) 9 - 16 Year Olds</p> <hr/> <p>July 13 - 17 Camps</p> <p><input type="checkbox"/> Advanced Tennis Camp (\$130.00) 7 - 14 Year Olds</p> <p><input type="checkbox"/> Football Camp (\$150.00) 7 - 14 Year Olds</p> <hr/> <p>July 20 - 24 Camps</p> <p><input type="checkbox"/> LS Sports Camp (\$130.00) Rising 1st - 5th Grades</p> <p><input type="checkbox"/> LS Soccer Camp (130.00) Rising 1st - 5th Grades</p> <hr/> <p>July 20 - July 31 Camps</p> <p><input type="checkbox"/> Rising 5 Math Workshop (\$250.00)</p> <hr/> <p>July 27 - 29 Camps</p> <p><input type="checkbox"/> LS Cheerleading Camp (\$130.00) - Rising 5 years - 4th grade</p> <hr/> <p>July 27 - 31 Camps</p> <p><input type="checkbox"/> Volleyball Camp (\$130.00) Rising 5th - 8th grades</p> <p><input type="checkbox"/> LS Sparbots (\$130.00) Rising 1st - 5th Grades</p>
	Extended Time						
7:40 - 9:00 AM	3:00 - 5:30 PM						
<p>June 8 - 12 Camps</p> <p><input type="checkbox"/> Spartan Lady Basketball (\$130.00) Rising 4th - 8th Grades</p> <p><input type="checkbox"/> Baseball Camp (\$130.00) Rising 3rd - 6th Grades</p>	<p>June 15 - 19 Camps:</p> <p><input type="checkbox"/> Sparbots Camp (\$130.00) Rising 5th - 8th Grades</p> <p><input type="checkbox"/> "Alice" 3D Computer Programming (\$130.00) - 5th - 8th</p>						
<p>June 22 - 26 Camps:</p> <p><input type="checkbox"/> James Banks Basketball (\$130.00) 9 - 16 year olds</p> <p><input type="checkbox"/> Beginner Tennis Camp (\$130.00) 7 - 14 year olds</p>	<p>June 29 - July 2 Camps (No camp Friday, July 3):</p> <p><input type="checkbox"/> Harry Potter Camp (\$100.00) - Rising 3rd - 6th Grades</p>						
<p>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</p>	<p>Total Fee from all camps: \$ _____</p>						

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)
- _____ - Please bill my student's account the deposit amount of _____ (amt) - Bill the Remaining balance the first day of camp.

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: _____