



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

# Summer Camp and Programs 2009 Application Middle and Upper School

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:**

<b>Summer Camp:</b>	<b>Extended Time</b>	
	<b>7:40 - 9:00 AM</b>	<b>3:00 - 5:30 PM</b>
<input type="checkbox"/> Week 1 - June 8 - 12	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 2 - June 15 - 19	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 3 - June 22 - 26	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 4 - July 6 - 10	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 5 - July 13 - 17	<input type="checkbox"/>	<input type="checkbox"/>

**June 8 - 12 Camps**  
 Spartan Lady Basketball (\$130.00) Rising 4th - 8th Grades  
 Baseball Camp (\$130.00) Rising 3rd - 6th Grades

**June 15 - 19 Camps:**  
 Sparbots Camp (\$130.00) Rising 5th - 8th Grades  
 "Alice" 3D Computer Programming (\$130.00) - 5th - 8th  
 Acting for the Camera! (\$130.00) - Rising 7th - 9th grades

**June 22 - 26 Camps:**  
 James Banks Basketball (\$130.00) 9 - 16 year olds  
 Beginner Tennis Camp (\$130.00) 7 - 14 year olds  
 SAT Verbal Workshop (\$150.00) Rising 11th & 12th grade  
 SAT Math Workshop (\$150.00) Rising 11th & 12th grade  
 Both Math and Verbal Workshop (\$280.00)

**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**

**June 29 - July 2 Camps (No camp Friday, July 3):**  
 Harry Potter Camp (\$100.00) - Rising 3rd - 6th Grades

**July 6 - 10 Camps:**  
 James Banks Basketball (\$130.00) 9 - 16 Year Olds  
 ACT Workshop (\$150.00) Rising 11th & 12th grade

**July 13 - 17 Camps**  
 Advanced Tennis Camp (\$130.00) 7 - 14 Year Olds  
 Football Camp (\$150.00) 7 - 14 Year Olds

**July 20 - 24 Camps**  
 MS Soccer Camp (130.00) Rising 6th - 9th Grades

**July 20 - 31 Camps**  
 Rising 5 Math Workshop (\$250.00)  
 Rising 6 Math (\$250.00)       Rising 6 Writing (\$250.00)  
 Rising 7 Math (\$250.00)       Rising 7/8 Writing (\$250.00)  
 Rising 8 Math (\$250.00)       Rising 9 Math (\$250.00)

**July 27 - 31 Camps**  
 Volleyball Camp (\$130.00) Rising 5th - 8th grades

**July 27 - 29 Camps**  
 LS Cheerleading Camp (\$130.00) - Rising 5 years - 4th grade

**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)  
 \_\_\_\_\_ - 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

**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: \_\_\_\_\_