



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

Summer Camp and Programs 2008 Application

Camper's Name _____

MALE FEMALE

Grade Entering Fall 2008 _____

Birth Date: ____ / ____ / ____

Current School: _____

Parent's Names _____

Email Address: _____

Mailing Address: _____

Street _____ City _____ State _____ Zip _____

Telephone: Home _____ Cell: _____ Work: _____

Emergency Contact Info:

Name: _____ Relationship: _____ Phone #s _____

Medical Information: (Allergies, etc) _____

Registering For: Check all camps:

<p>Summer Camp:</p> <table border="1"> <thead> <tr> <th></th> <th colspan="2">Extended Time</th> </tr> <tr> <th></th> <th>7:40 - 9:00 AM</th> <th>3:00 - 5:30 PM</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Week 1 - June 9 - 13</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Week 2 - June 16 - 20</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Week 3 - June 23 - 27</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Week 4 - July 7 - 11</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Week 5 - July 14 - 18</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Extended Time			7:40 - 9:00 AM	3:00 - 5:30 PM	<input type="checkbox"/> Week 1 - June 9 - 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Week 2 - June 16 - 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Week 3 - June 23 - 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Week 4 - July 7 - 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Week 5 - July 14 - 18	<input type="checkbox"/>	<input type="checkbox"/>	<p>July 14 - 18 Camps</p> <p><input type="checkbox"/> Tennis Camp (\$130.00) 7 - 13 Year Olds</p> <p><input type="checkbox"/> Football Camp (\$150.00) 8 - 14 Year Olds</p> <p><input type="checkbox"/> Math SAT Workshop (\$150.00) Rising 11th and 12th</p> <p><input type="checkbox"/> Verbal SAT Workshop (\$150.00) Rising 11th and 12th</p> <p><input type="checkbox"/> Both Math and Verbal SAT Workshops (\$280.00)</p>
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<p>June 9—13 Camps</p> <p><input type="checkbox"/> Videography Camp (\$130.00) Rising 5th - 9th Grades</p> <p><input type="checkbox"/> MS Sparbots Camp (\$130.00) Rising 5th - 9th Grades</p> <p><input type="checkbox"/> Volleyball Camp (\$130.00) Rising 5th - 8th Grades</p> <p><input type="checkbox"/> Baseball Camp (\$130.00) Rising 3rd - 6th Grades</p>	<p>July 21 - 25 Camps</p> <p><input type="checkbox"/> Drama Camp (\$130.00) Rising 6th - 9th Grades</p> <p><input type="checkbox"/> LS Sports Camp (\$130.00) Rising 1st - 5th Grades</p>																					
<p>June 16 - 20 Camps:</p> <p><input type="checkbox"/> Spartan Lady Basketball (\$130.00) Rising 4th-8th Grades</p>	<p>July 21 - August 1 Camps</p> <p><input type="checkbox"/> Rising 6 Math Workshop <input type="checkbox"/> Rising 7 Math Workshop</p> <p><input type="checkbox"/> Rising 8 Math Workshop <input type="checkbox"/> Rising 9 Math Workshop</p> <p><input type="checkbox"/> Rising 7/8 Writing Workshop <input type="checkbox"/> Rising 6 Writing Workshop</p>																					
<p>June 23 - 27 Camps:</p> <p><input type="checkbox"/> James Banks Basketball (\$130.00) 9 - 16 Year Olds</p>	<p>July 28 - August 1 Camps</p> <p><input type="checkbox"/> MS Soccer Camp (\$130.00) Rising 6th - 9th Grades</p> <p><input type="checkbox"/> LS Soccer Camp (\$130.00) Rising 1st - 5th Grades</p> <p><input type="checkbox"/> LS Cheerleading Camp (\$130.00) - Rising 1st - 4th Grades</p>																					
<p>July 7 - 11 Camps:</p> <p><input type="checkbox"/> James Banks Basketball (\$130.00) 9 - 16 Year Olds</p>	<p>August 4 - 8 Camps:</p> <p><input type="checkbox"/> LS Sparbots Camp (\$130.00) Rising 1st - 4th Grades</p>																					

A \$50 deposit 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

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 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: _____