

2010 ENROLLMENT FORM

Camper Name _____ Age _____ Gender: M F

Address _____

DOB _____ School Name _____

School grade in 2009-2010:

- K 4
 1 5
 2
 3

T-shirt size:

- Youth S Adult S
 Youth M Adult M
 Youth L Adult L
 Adult XL

Swim Level: Does Not Swim Beginner Intermediate Advanced

Father's Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Mother's Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

With whom is child living? _____

Parents Are: Married _____ Divorced _____ Separated _____

Church Affiliation (if applicable) _____

EMERGENCY CONTACT IF PARENTS CAN NOT BE REACHED

Name: _____ Relation to child: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

**** CONTINUE ON REVERSE ****

ENROLLMENT FORM, P.2

We enroll your child for the 10-week session of Summer Daze, June 7-Aug.13. Do you expect to use a vacation week during that time?

How did you hear about Summer Daze?

- Sibling
- School
- Church
- Website
- Friend (name: _____)
- Other: _____

Please indicate which activities might interest your child.

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Community Service Projects |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Music | <input type="checkbox"/> Flag Football |
| <input type="checkbox"/> Other: _____ | |

2010 RELEASE FORM

I, _____, do hereby give permission for my child, _____ to participate in the scheduled activities of Summer Daze (including all events on campus as well as scheduled field trips sponsored by the camp) from June 7 – August 13, 2010. Furthermore, I hereby release and discharge the Overbrook Baptist Church and its authorized representatives and professional volunteer staff, their heirs, executors and administrators from all liability of any kind which might be asserted in behalf of said minor or to myself against the aforementioned church, representatives, professional or volunteer staff, absent of gross negligence or willful and wanton misconduct. Finally, in the event of an accident, if the said staff or representatives are unable to contact me as legal guardian, I hereby grant permission to said staff or representatives to administer necessary first aid and/or take said minor to the nearest medical facility for additional medical treatment.

Signature _____ **Date** _____

2010 TRANSPORTATION FORM

I, _____, do hereby give my permission for my child, _____, to be transported to and from Overbrook Baptist Church for various scheduled off-campus activities, including but not limited to field trips, pool trips, and community service projects throughout the summer of 2010 (June 7 – August 13). I understand that my child will be transported the Overbrook bus, driven by a certified employee or volunteer. Furthermore, I hereby release and discharge the Overbrook Baptist Church and its authorized representatives and professional volunteer staff, their heirs, executors and administrators from all liability of any kind which might be asserted in behalf of said minor or to myself against the aforementioned church, representatives, professional or volunteer staff, absent of gross negligence or willful and wanton misconduct. Finally, in the event of an accident, if the said staff or representatives are unable to contact me as legal guardian, I hereby grant permission to said staff or representatives to administer necessary first aid, and/or take said minor to the nearest medical facility for additional medical treatment.

Signature _____

Date _____

2010 PICK-UP AUTHORIZATION FORM

Child's Name: _____

Parent or Legal Guardian: _____

Please list all individuals in addition to parent(s) or guardian whom you wish to authorize to pick up your child from camp this summer. During pick-up, these individuals will be asked to provide picture identification at the front desk. To avoid confusion, please inform the front desk in writing if one of these individuals will be picking up your child on any given day. If you need to add to or subtract from this list, please contact us to update this form.

Please list all people who you feel may potentially be asked to pick up your child from Summer Daze:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Is there anyone who IS NOT authorized to pick up your child from Summer Daze? Please list them below.

1. _____
2. _____
3. _____

I, _____ attest that I have filled out the above information.
(Print Name)

Signature _____ Date _____

HEALTH QUESTIONNAIRE:

(Explain "yes" answers below)

Has/does your child:	Yes	No		Yes	No
1. Had any recent injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>	14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (knees, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (rash, acne, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts, or protective eye gear?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	24. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	25. Ever had emotional difficulties for which		
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>

**Attach copy of immunizations, or have physician's office fax a copy to (864)235-6359, Attn: Summer Daze.
YOUR FILE IS NOT COMPLETE UNTIL WE HAVE RECEIVED THIS INFORMATION!**

Parent/Guardian Authorization:

This health history is complete and correct to the best of my knowledge. I hereby give permission to Summer Daze to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I give permission for the camp to transport my child to the nearest hospital, or to arrange for an ambulance, in case of an emergency.

I understand that the information I have provided is kept confidential. Access is limited to the camp head staff and my child's counselor, and will be shared with medical personnel only in case of an emergency.

Signature of Parent or Guardian

Date

2010 POLICY AGREEMENT

I, _____, have read and understand the following policies regarding tuition payment and camp registration outlined in the Parent Handbook:

- I understand that if I have questions at any time regarding camp I may address any member of the head staff of Summer Daze. _____ (Please initial)

- I give Summer Daze permission to photograph my child participating in camp activities and use those photographs in promotional materials for camp. _____ (Please initial)

- I have read the rules listed for campers and will help my child be aware of them and help him or her to follow these rules in any way I can. I agree to work with the camp staff in dealing with any issues that may arise regarding my child's behaviors and actions while at camp. _____ (Please initial)

- Tuition is due by 5:30 p.m. on Monday of each week. _____ (Please initial)

- As explained in the Parent Handbook, if my child's tuition is two weeks past due, there will be a \$5.00 per day late fee added to my account. This will continue until my account has been made current. _____ (Please initial)

- As explained in the Parent Handbook, after 5:30 p.m., I will be charged a **late pick-up fee** of \$3.00 per child for every minute I am late. _____ (Please initial)

Signature _____

Date _____

For office use only:	Screened by _____
Date screened _____	Meds received _____
Notes _____	