

# Town of Beech Mountain Summer Camp Registration

## PERSONAL INFORMATION

Campers Name \_\_\_\_\_ Sex \_\_\_ Age \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Camper Name \_\_\_\_\_ Sex \_\_\_ Age \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

H. Phone \_\_\_\_\_ W. Phone \_\_\_\_\_ C. Phone \_\_\_\_\_ Email \_\_\_\_\_

## EMERGENCY CALL LIST

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

CAMP SELECTION: select appropriate date and insert appropriate fee.

Week 1: Survivor Day Camp (9a-3p) June 22<sup>nd</sup> - 26<sup>th</sup> \$125.00

Week Total \_\_\_\_\_

Week 2: Mountain Adventure (9a-3p) June 29<sup>th</sup> - July 3<sup>rd</sup> \$125.00

Week Total \_\_\_\_\_

Week 3: Fitness Camp (9a-3p) July 6<sup>th</sup> - July 10<sup>th</sup> \$125.00

Week Total \_\_\_\_\_

Week 4: Basketball Camp (9a-12p) July 13<sup>th</sup> - July 17<sup>th</sup> \$50.00

Week Total \_\_\_\_\_

Week 5: Baseball Camp (9a-3p) July 20<sup>th</sup> - July 24<sup>th</sup> \$50.00

Week Total \_\_\_\_\_

Week 6: Nature Camp (9a-3p) July 27<sup>th</sup> - July 31<sup>st</sup> \$125.00

Week Total \_\_\_\_\_

Week 7: Arts & Science Camp (9a-3p) Aug 3<sup>rd</sup> - Aug 7<sup>th</sup> \$125.00

Week Total \_\_\_\_\_

RDU Soccer and Tennis Camps Also Available... Go to [www.rdutennis.net](http://www.rdutennis.net) to register!

*Checks can be made out to Town of Beech Mountain.*

## CONSENT/RELEASE

I \_\_\_\_\_, hereby grant permission for the participant to take part in the Summer Day Camp Program which is sponsored by the Town of Beech Mountain. I also agree on behalf of myself and the participant, not to make any claims or demands of any kind against the Town of Beech Mountain and any of its employees or agents for any loss or injury that the participant might sustain while engaged in the Summer Camp activities including transportation to any activities. I authorize such physician or medical staff, as the Buckeye Recreation Center staff may designate, to carry out any minor medical/surgical treatment and/or medication necessary, or to take the participant to the nearest emergency facility.

Parent/Guardian \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

I also agree that photographs of the participant may be published for the purpose of publicizing or promoting programs operated and/or sponsored by the Town of Beech Mountain.

Parent/Guardian \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

# Health Information

CAMPERS NAME: \_\_\_\_\_

Any Hospitalization? Any Serious Illness? Any Physical Disabilities? Any Special Needs?  
Any Behavioral Concerns? How might these affect your child's participation?

Any Special Accommodations Needed? \_\_\_\_\_

Any Allergies? \_\_\_\_\_

*Complete this box if participant will be taking medication, including  
Epi-pens and inhalers during camp hours:*

**MEDICATIONS SHOULD BE LABELED AND GIVEN TO STAFF FOR SAFETY REASONS.  
THE CHILD MUST BE AWARE OF NOT ONLY THE DOSAGE BUT WHEN THEY NEED TO  
TAKE IT.**

Name of Medications: \_\_\_\_\_

Reason for Medications: \_\_\_\_\_ Medications Dose: \_\_\_\_\_

Directions for Medications: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

CAMPERS NAME: \_\_\_\_\_

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Any Behavioral Concerns? How might these affect your child's participation?

Any Special Accommodations Needed? \_\_\_\_\_

Any Allergies? \_\_\_\_\_

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Reason for Medications: \_\_\_\_\_ Medications Dose: \_\_\_\_\_

Directions for Medications: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## Camp Facts

- All refund requests must be received by the Wednesday before the week of camp!
- Mail applications to *Buckeye Recreation Center, 206 Grassy Gap Creek Rd., Beech Mountain, NC 28604.*
- Day Camp, Nature Camp, Arts & Science, Fitness & Tennis Camp runs from 9:00a-3:00p. Basketball Camp runs from 9:00a-12:00p
- Day Camp, Nature Camp, & Tennis Camp are offered to ages 5-13; the Basketball Camp is offered to upcoming 2<sup>nd</sup> through upcoming 9<sup>th</sup> graders.
- There will be an additional charge of \$15.00 per 15 minutes, for late pick-ups after 3:15p for Day Camp, Arts & Science, Fitness, Nature Camp, & Tennis Camp and after 12:15p for Basketball Camp!
- Please bring a sack lunch and drink to Day Camp, Fitness Camp, Arts & Science Camp, Nature Camp, & Tennis Camp. Snacks and beverages are provided.
- Every participant receives a Camp T-Shirt.
- Parents must sign in and out each morning and afternoon.
- Call 828-387-3003 for additional information and questions.
- Check List: Camper Code of Conduct, Registration Form, Health Information for each Participant, Payment.
  
- For detailed itinerary of activities go to [http://www.townofbeechmountain.com/community/rec\\_center.html](http://www.townofbeechmountain.com/community/rec_center.html)