

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: Day Camp (9a-3p) July 7th - 11th \$125.00 Week Total _____

Week 2: Nature Camp (9a-3p) July 14th - 18th \$125.00 Week Total _____

Week 3: Basketball Camp (9a-12p) July 21st - 24th \$50.00 Week Total _____

Week 4: Day Camp (9a-3p) July 28th - August 1st \$125.00 Week Total _____

TOTAL: _____

Week 5: Tennis Camp(9a-3p) August 4th-August 8th go to 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? _____

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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, & 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 2nd through upcoming 9th graders.
- There will be an additional charge of \$15.00 per 15 minutes, for late pick-ups after 3:15p for Day Camp, Nature Camp, & Tennis Camp and after 12:15p for Basketball Camp!
- Please bring a sack lunch and drink to Day 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