

# Town of Beech Mountain

## Summer Adventure Camp Series 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: June 27 <sup>th</sup> - July 1 <sup>st</sup> 9am-3pm	\$125.00	Week Total _____
*Week 2: July 5 <sup>th</sup> - July 8 <sup>th</sup> 9am-3pm	\$125.00	Week Total _____
Week 3: July 11 <sup>th</sup> - July 15 <sup>th</sup> 9am-3pm	\$125.00	Week Total _____
Week 4: July 18 <sup>th</sup> - July 22 <sup>nd</sup> 9am-3pm	\$125.00	Week Total _____
Week 5: July 25 <sup>th</sup> -July 29 <sup>th</sup> 9am-Noon	\$125.00	Week Total _____
Week 5: Basketball Camp July 25 <sup>th</sup> -July 28 <sup>th</sup>	\$50.00	Week Total _____
Week 6: Aug 1 <sup>st</sup> -Aug 5 <sup>th</sup>	\$125.00	Week Total _____

\*Due to July 4<sup>th</sup>, camp will be Tuesday through Friday.

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

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: \_\_\_\_\_

## 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.*
- Summer Adventure Camp Series runs from 9:00 a.m.-3:00 p.m. Basketball Camp runs from 9:00 a.m.-12:00 p.m.
- The Summer Adventure Camp Series is 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 3:15 p.m. for Summer Adventure Camp Series participants and after 12:15 p.m. for Basketball Camp!
- Please bring a sack lunch and drink for the Summer Adventure Camp Series. There is a microwave available but there will be days that we will eat out on the trail, so it is not encouraged to send something that needs to be heated with your camper. Snacks and beverages are provided.
- Every participant receives a Camp T-Shirt.
- **Parents must sign their campers 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>