2013 Registration Form

Both sides must be completed. Remember, You Can Register Online at www.CampACC.com!!!

Student's Name _____ **Email** _____

Address _____

City, State, Zip _____ **Home Phone (_____)** _____

Gender ☐M ☐F **Date of Birth** _____ **Grade Entering in Fall of 2013** _____

Parent's Name(s) _____

***Parent's Email** _____

Lives with: ☐Both Parents ☐Mother ☐Father ☐Other _____

Mother's Work Phone (____)_____ **Mother's Cell (____)**_____

Father's Work Phone (____)_____ **Father's Cell (____)**_____

Emergency Contact Name _____ **Phone (____)**_____

Church Name _____ **City** _____

Roommate Request 1. _____ 2. _____

**Providing this address indicates your agreement to paperless confirmation. Please ensure your email filtering settings allow emails from campacc.com. Otherwise you must request printed confirmation of this registration.*

Office Use Only

Date Received _____

Paid in Advance _____

Check # _____

Comments _____

Please Choose a Session

Full payment or $100 non-refundable deposit is due on all sessions except for Day Camp, Pee Wee, & Pathway (full tuition is due for these camps with this form). A list of Program Directors can be found at summer.campacc.com.

Session	Dates	Before May 1st	After May 1st
TruthQuest - truthquest.campacc.com			
☐ Day Camp	July 13	$25	$30
☐ Pee Wee 1	June 7-8	$70	$80
☐ Pee Wee 2	July 26-27	$70	$80
☐ Middler	June 2-6	$230	$250
☐ Junior 1	June 16-21	$280	$300
☐ Junior 2	July 7-12	$280	$300
☐ Junior 3	July 21-26	$280	$300
Wilderness - wilderness.campacc.com			
☐ Base Camp 1	June 2-7	$325	$345
☐ Base Camp 2	June 9-14	$325	$345
☐ Base Camp 3	June 16-21	$325	$345
☐ Base Camp 4	June 23-28	$325	$345
☐ Base Camp 5	June 30-July 5	$325	$345
☐ Base Camp 6	July 7-12	$325	$345
☐ Base Camp 7	July 14-19	$325	$345
☐ Outpost 1	June 2-7	$355	$375
☐ Outpost 2	June 16-21	$355	$375
☐ Outpost 3	June 30-July 5	$355	$375
☐ Outpost 4	July 14-19	$355	$375
☐ Venture 1	June 9-14	$355	$375
☐ Venture 2	July 23-28	$355	$375
☐ Venture 3	July 7-12	$355	$375
The Core - core.campacc.com			
☐ Core 1	June 9-14	$280	$300
☐ Core 2	June 23-28	$280	$300
☐ Core 3	July 14-19	$280	$300
Summit - summit.campacc.com			
☐ Summit	June 30-July 6	$330	$350
Pathway - pathway.campacc.com			
☐ Pathway 1	May 26-June 7	$90	$110
☐ Pathway 2	June 9-21	$90	$110
☐ Pathway 3	June 23-July 6	$90	$110
☐ Pathway 4	July 7-19	$90	$110
☐ Pathway 5	July 21-Aug 2	$90	$110

Tuition

Session Price $ _____

Church will pay -$ _____ *Church representative signature is required below*

Multi-Child Discount -$ _____ *$10 off each child in the same immediate family*

Tuition Assistance -$ _____ *All assistance must be approved by the camp office*

Total Tuition = $ _____

Optional Items

Only mark items you are paying for with this form

Canteen Deposit + $_____ *Canteen is not available for Day Camp, Pee Wee, and Outpost & Venture Wilderness*

Scholarship Donation + $_____

Total Optional Items = $_____

Payment

Total Amount Due (*Total Tuition + Total Optional Items*) $ _____

Amount Enclosed With This Form $ _____

Payment Method:

☐ **Cash** ☐ **Check** ☐ **MasterCard** ☐ **Visa** ☐ **Discover**

Cardholder Name _____

Card #_____

Amt Charged _____ **Exp Date** _____

_____

Church Representative Signature **Date**

_____

Church Name and City

Both sides must be completed. ***Remember, You Can Register Online at www.CampACC.com!!!***

Student's Name: _____

Student's Physician: _____ Physician Phone: _____

Insurance Carrier: _____ Policy # _____ Tetanus Vaccination Date: _____

Food Allergies: _____

Special Needs/Additional Health Information: _____

_____

Please list any specific persons who are **NOT** authorized to pickup your child _____

1st-time Camper ☐Y ☐N If Yes, name of friend who invited you _____

T-Shirt Size: ☐YS ☐YM ☐YL ☐S ☐M ☐L ☐XL ☐XXL

Please tell us how you heard about Camp ACC:

☐ Friend ☐ Returning Camper ☐ Church ☐ Radio ☐ TV ☐ Other _____

Over-the-counter Medication Release

Your initials/signature verifies that your child may receive the below initialed over-the-counter medications in the event that he/she should need them during this camp session. The initialed medications will be administered according to the manufacturer's instructions.

Please initial those medications which can be administered to your child:

_____Tylenol (acetaminophen) ..... For minor pain
_____Ibuprofen ..... For minor aches or pain
_____Calamine lotion..... For bug bites, poison ivy, or other itching rashes
_____1% Hydrocortisone cream ..... For bug bites, poison ivy, or other itching rashes
_____Benadryl..... For minor allergic reactions (runny nose, sneezing, itching/watery eyes)
_____Sting relief swab/liquid..... For bug bites/stings
_____Maalox/PeptoBismol ..... For upset stomach (without vomiting/diarrhea)
_____Tums (chewable antacid)..... For upset stomach (without vomiting/diarrhea)
_____Topical antibiotic ointment..... For superficial cuts/scrapes
_____Aloe ..... For sunburn, skin irritation

Wilderness Campers only:

_____Immodium…… ..... For diarrhea
_____Dramamine..... For motion sickness
_____Poison ivy block..... For poison ivy prevention, treatment

I give my permission to Appalachian Christian Camp for: over the counter medications to be given to my child by the First Aid Attendant; medical treatment to be administered to my child in such case as deemed necessary by a trained medical professional; my child to be taken off campus for any camp related activity. I give my child permission to participate in all recreation activities, including but not limited to swimming, climbing on the indoor rock climbing wall, and participating in ropes course activities and I hereby release Appalachian Christian Camp of all liability from injuries that might occur during such activities. I also agree that by providing a "Parent's Email", that my confirmation material will be emailed and I understand that it is my responsibility to ensure that emails from campacc.com will pass through all filtering systems. I understand that cell phones & electronic devices are not allowed at Camp ACC, and to the best of my ability I will not allow my child to bring such devices. I further give the right to the Camp ACC staff to confiscate a cell phone or any other electronic device my child brings to camp, until the dismissal of the camp session. I understand that Appalachian Christian Camp provides secondary insurance for any injuries that occur during camp. I release all photos, videos and audio tapes of my child to Appalachian Christian Camp for promotional purposes. I certify the information on this form to be true.

Camp ACC Contact Information

Appalachian Christian Camp
512 Cross Circle
Unicoi, TN 37692

(423) 743-3910 (office)
(423) 743-0390 (fax)

info@campacc.com
www.campacc.com

_____

(Signature of Parent/Guardian) **(Date)**

This Form Must be Completed, Signed and Returned and Received by the Camp Office One Week Prior to the Start of Your Camp Session in Order to Qualify for Express Check-in and to Avoid Standing in the Registration Line