

## Camp Applications

### Camp Pirate Monday - Friday 8 - 4

Price Per Week: \$425

Pick Weeks: [ ] June 17th-21st [ ] June 24th-28th [ ] July 9th-13th [ ] July 15th-19th

*You must sign-up for a minimum of 2 weeks of camp.*

### Art Camp Monday - Friday 8 - 4

Price Per Week: [ ] \$325 Without Tutoring [ ] \$425 With Tutoring

Pick Weeks: [ ] July 8th-12th [ ] July 15th-19th

### Outdoor Adventure Week Monday - Thursday 8 - 4

Price Per Week: \$425

Week: [ ] July 22nd -26th

Please remember that meals will not be provided. Bring a light lunch, filling snacks and drinks to eat during breaks. Transportation will not be provided to and from camp. The Chandler School and its volunteers will not be responsible for any lost or stolen items.

Total Enclosed: \$ \_\_\_\_\_

Student Name \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ School: \_\_\_\_\_

Parent (s) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERMISSION FORM:** \_\_\_\_\_ has my permission to participate in all summer camp activities. In the event of an emergency and I cannot be reached, I grant permission for emergency/-medical treatment to be given to my child. I agree to pay all medical bills not covered by the insurance company listed below. I release The Chandler School from responsibility for any bills resulting from injuries incurred in this program. I also give my permission for my child to be photographed and for such photographs to be released for publicity purposes. If applicable, I have attached information regarding allergies or other medical conditions about my child of which staff should be aware. I understand there are no refunds once the camp/clinic has started.

List Any Known Allergies: \_\_\_\_\_ Is There An Epi-Pen? YES / NO

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_