

2017 Registration Form

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

Camper's Name _____

Camper's Email _____

Gender M F Date of Birth _____ Grade Entering in Fall of 2017 _____

Lives with: Both Parents Mother (Sole) Father (Sole) Other _____

Parent's/Guardian's Name(s) _____

Parent's/Guardian's Email _____

Providing your email 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.

Address _____

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

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

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

Emergency Contact Name _____ Phone (____) _____

Church Name _____ City _____

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

Please tell us how you heard about Camp ACC:

Returning Camper Friend Church Radio Internet Other _____

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

Roommate Request 1. _____ 2. _____

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

Camper's Physician _____ Physician Phone (____) _____

Insurance Carrier _____ Policy # _____ Tetanus Vaccination Date _____

Food Allergies _____

Special Needs/Additional Health Information _____

Office Use Only	
Date Received	_____
Paid in Advance	_____
Check #	_____
Comments	_____

Over-the-counter Medication Release

Your initials verify 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
- _____ Zyrtec..... For minor allergic reactions (runny nose, sneezing, itching/watery eyes)
- _____ Benadryl..... For minor allergic reactions (runny nose, sneezing, itching/watery eyes)
- _____ Sting relief swab/liquid..... For bug bites/stings
- _____ Maalox 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

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Student's Name: _____

Camp Selection

TruthQuest - truthquest.campacc.com				
Session	Grades Entering	Dates	By May 1st	After May 1st
<input type="checkbox"/> Day Camp	K-1	July 15	\$25	\$30
<input type="checkbox"/> Pee Wee 1	1-3	June 2-3	\$85	\$95
<input type="checkbox"/> Pee Wee 2	1-3	July 21-22	\$85	\$95
<input type="checkbox"/> Middler	3-4	June 6-9	\$185	\$205
<input type="checkbox"/> Junior 1	4-6	June 18-23	\$295	\$315
<input type="checkbox"/> Junior 2	4-6	July 9-14	\$295	\$315
<input type="checkbox"/> Junior 3	4-6	July 23-28	\$295	\$315

Wilderness - wilderness.campacc.com				
Session	Grades Entering	Dates	By May 1st	After May 1st
<input type="checkbox"/> Base Camp 1	4-6	June 4-9	\$385	\$405
<input type="checkbox"/> Base Camp 2	4-6	June 11-16	\$385	\$405
<input type="checkbox"/> Base Camp 3	4-6	June 18-23	\$385	\$405
<input type="checkbox"/> Base Camp 4	4-6	June 25-30	\$385	\$405
<input type="checkbox"/> Base Camp 5	4-6	July 2-7	\$385	\$405
<input type="checkbox"/> Base Camp 6	4-6	July 9-14	\$385	\$405
<input type="checkbox"/> Base Camp 7	4-6	July 16-21	\$385	\$405
<input type="checkbox"/> Base Camp 8	4-6	July 23-28	\$385	\$405
<input type="checkbox"/> Outpost 1	7-9	June 4-9	\$415	\$435
<input type="checkbox"/> Outpost 2	7-9	June 18-23	\$415	\$435
<input type="checkbox"/> Outpost 3	7-9	June 25-30	\$415	\$435
<input type="checkbox"/> Outpost 4	7-9	July 9-14	\$415	\$435
<input type="checkbox"/> Outpost 5	7-9	July 16-21	\$415	\$435
<input type="checkbox"/> Venture	10-13	June 11-16	\$435	\$455

Core - core.campacc.com				
Session	Grades Entering	Dates	By May 1st	After May 1st
<input type="checkbox"/> Core 1	7-9	June 11-16	\$295	\$315
<input type="checkbox"/> Core 2	7-9	June 25-30	\$295	\$315
<input type="checkbox"/> Core 3	7-9	July 16-21	\$295	\$315

Summit - summit.campacc.com				
Session	Grades Entering	Dates	By May 1st	After May 1st
<input type="checkbox"/> Summit	10-13	July 2-8	\$345	\$365

Pathway - pathway.campacc.com				
Session	Grades Entering	Dates	By May 1st	After May 1st
<input type="checkbox"/> Pathway 1	10-12	May 28-June 9	\$105	\$125
<input type="checkbox"/> Pathway 2	10-12	June 11-23	\$105	\$125
<input type="checkbox"/> Pathway 3	10-12	June 25-July 8	\$105	\$125
<input type="checkbox"/> Pathway 4	10-12	July 9-21	\$105	\$125
<input type="checkbox"/> Pathway 5	10-12	July 23-Aug 4	\$105	\$125

*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). Group discount recipients must also pay this minimum. For more info, visit discounts.campacc.com.

Payment Information

Step 1 Tuition and Discounts		↓
Session Price	\$ _____	
Church will pay	-\$ _____	<i>Church representative signature is required in Step 3</i>
Multi-Child Discount	-\$ _____	<i>\$10 off each child in the same immediate family</i>
Total Tuition	= \$ _____	
For more info, visit discounts.campacc.com		

Step 3 Payment	
Total Amount Due (Total Tuition + Total Optional Items)	\$ _____
*Amount Enclosed With This Form	\$ _____
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Cardholder Name	_____
Card #	_____ CVV _____
Amt Charged	_____ Exp Date _____

Step 2 Optional Items		→
<i>Only mark items you are paying for with this form</i>		
Canteen Deposit	+\$ _____	<i>Canteen is not available for Day Camp, Pee Wee, and Outpost & Venture Wilderness</i>
Scholarship Donation	+\$ _____	
Total Optional Items	= \$ _____	

Church Payment (if church is paying)	
Church Representative Signature	_____ Date _____
Church Name and City	_____

Payment plans are available. Contact the camp office to set one up.

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 activities, including but not limited to recreation activities, such as: swimming, climbing on the indoor rock climbing wall, and participating in high and low challenge course activities and I hereby release Appalachian Christian Camp, its Board of Directors, all Staff and all Volunteers of all liability from injuries, damages, and all other losses 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.

(Signature of Parent/Guardian)

(Date)