

2021 Registration Form

Both sides must be completed. You can also register online at CampACC.com!!!

Camper's Name _____

Camper's Email _____

Gender M F Date of Birth _____ Grade Entering in Fall of 2021 _____

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
- _____ Pepto Bismol..... For upset stomach / indigestion
- _____ Tums (chewable antacid)..... For upset stomach / indigestion
- _____ 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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Camp Selection

TruthQuest - truthquest.campacc.com

Session	Grades Entering	Dates	By May 1st	After May 1st
<input type="checkbox"/> Day Camp	K-1	July 17	\$30	\$35
<input type="checkbox"/> Pee Wee 1	1-3	June 11-12	\$90	\$100
<input type="checkbox"/> Pee Wee 2	1-3	July 23-24	\$90	\$100
<input type="checkbox"/> Middler	3-4	July 25-28	\$195	\$220
<input type="checkbox"/> Junior 1	4-6	June 6-11	\$305	\$330
<input type="checkbox"/> Junior 2	4-6	June 20-25	\$305	\$330
<input type="checkbox"/> Junior 3	4-6	July 11-16	\$305	\$330

Core - core.campacc.com

Session	Grades Entering	Dates	By May 1st	After May 1st
<input type="checkbox"/> Core 1	6-9	June 13-18	\$305	\$330
<input type="checkbox"/> Core 2	6-9	June 27-July 2	\$305	\$330
<input type="checkbox"/> Core 3	6-9	July 18-23	\$305	\$330

Pathway - pathway.campacc.com

Session	Grades Entering	Dates	By May 1st	After May 1st
<input type="checkbox"/> Pathway 1	10-12	May 30-June 11	\$115	\$140
<input type="checkbox"/> Pathway 2	10-12	June 13-25	\$115	\$140
<input type="checkbox"/> Pathway 3	10-12	June 27-July 10	\$115	\$140
<input type="checkbox"/> Pathway 4	10-12	July 11-23	\$115	\$140
<input type="checkbox"/> Pathway 5	10-12	July 25-Aug 6	\$115	\$140

Wilderness - wilderness.campacc.com

Session	Grades Entering	Dates	By June 1st	After June 1st
<input type="checkbox"/> Base Camp 1	4-6	June 13-18	\$395	\$420
<input type="checkbox"/> Base Camp 2	4-6	June 20-25	\$395	\$420
<input type="checkbox"/> Base Camp 4	4-6	July 11-16	\$395	\$420
<input type="checkbox"/> Base Camp 5	4-6	July 18-23	\$395	\$420
<input type="checkbox"/> Base Camp 6	4-6	July 25-30	\$395	\$420
<input type="checkbox"/> Outpost 1	7-9	June 20-25	\$425	\$450
<input type="checkbox"/> Outpost 2	7-9	July 11-16	\$425	\$450
<input type="checkbox"/> Outpost 4	7-9	July 25-30	\$425	\$450
<input type="checkbox"/> Venture 1	10-13	June 13-18	\$445	\$470
<input type="checkbox"/> Venture 2	7-9	June 27-July 2	\$445	\$470

Summit - summit.campacc.com

Session	Grades Entering	Dates	By May 1st	After May 1st
<input type="checkbox"/> Summit	9-13	July 4-10	\$355	\$380

***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 2 Optional Items

Only mark items you are paying for with this form

Canteen Deposit	+ \$ _____	<i>Canteen is not available for Day Camp, Pee Wee, and Outpost & Venture Wilderness</i>
Scholarship Donation	+ \$ _____	
Total Optional Items	= \$ _____	

Step 3 Payment

Total Amount Due (<i>Total Tuition + Total Optional Items</i>)	\$ _____
*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 _____

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 have read the Appalachian Christian Camp (CampACC) Statement of Faith and Teachings* and I give explicit permission for these teachings to be presented to my child during their time at CampACC. I further acknowledge this statement provides a summary of each belief and that additional teachings and scripture references in congruence with and in support of this statement may be presented. I give my permission to CampACC for: 1st Aid treatment and approved 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 permission for my child to participate in all CampACC activities, including but not limited to recreation activities, such as: swimming, climbing on the indoor rock-climbing wall, zip-lining, and participating in high and low challenge course activities. I accept and assume all risks associated with all activities. I understand and agree to the following: by providing a "Parent's Email", my confirmation material will be emailed and that it is my responsibility to ensure that emails from campacc.com will pass through all filtering systems; 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; Camp ACC staff has the right to confiscate a cell phone or any other electronic device my child brings to camp, until the dismissal of the camp session; that my child must comply with all set procedures for all CampACC programs & activities; that CampACC provides secondary insurance for any injuries that occur during camp and my child's insurance will be primary. I release all photos, videos and audio tapes of my child to Appalachian Christian Camp for promotional purposes. This release discharges CampACC from any liability or claim, and holds CampACC harmless, that I, my heirs, or any personal representatives may have against CampACC with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any participation in activities or events. In the event that I file a lawsuit, I agree to do so in the state of Tennessee, and I further agree that the substantive law of Tennessee shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. This liability waiver and release extends to CampACC together with all leaders, staff, volunteers, and board members. I certify the information on this form to be true.

**This statement can be found at faith.campacc.com*

 (Signature of Parent/Guardian)

 (Date)