

2021 CAMP APPLICATION

(AGES 7 THROUGH 15)

OFFICE USE ONLY	CONF	DEP	BAL	SCH	CAN	C.A.	MED
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Name of Camper _____ Nickname _____ Age _____
Sex _____ Race _____ Date of Birth _____ Has this Child Camped with us Before? _____
Home Address _____ City _____ State _____ Zip _____
Primary Contact: Name _____ Phone _____
Relationship to Camper _____ Email _____
Secondary Contact: Name _____ Phone _____
Relationship to Camper _____ Email _____
Alternate Contacts, In Case of Emergency (**Give 2 Names and Telephone Numbers NOT LISTED ABOVE.**)
(1) Name _____ Phone _____ Relationship to Camper _____
(2) Name _____ Phone _____ Relationship to Camper _____

MEDICAL INFORMATION

Medication(s) Now Taking _____
Reason(s) _____

MEDICATIONS MUST BE IN ORIGINAL BOTTLES

This Camper Is Allergic To: Food Medicine Environment (stings/plants) Other None
Please describe what the camper is allergic to and the reaction seen _____

Please list any activities in which you do not want this camper to participate _____

Does Camper Have Medical Insurance? Yes No Company _____ Policy # _____

Is Camper's Shot Record Current? Yes No If Not, What is Missing, And Why? _____

Date of Last Tetanus Booster Shot _____

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Check the medication(s) the camper should NOT be given.**

- | | |
|--|--|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Dextromethorphan cough syrup (Robitussin DM) |
| <input type="checkbox"/> Diphenhydramine (Benadryl) for stings | <input type="checkbox"/> Generic cough drops |
| <input type="checkbox"/> Anti-itch ointment | <input type="checkbox"/> Antibiotic cream |
| <input type="checkbox"/> Ibuprofen (Advil; Motrin) | <input type="checkbox"/> Aloe |
| <input type="checkbox"/> Guaifenesin cough syrup (Robitussin) | <input type="checkbox"/> Bismuth subsalicylate for diarrhea (Kaopectate; Pepto-Bismol) |

This Camper Has: Diabetes Asthma/Wheezing Seizures Had A Recent Injury

If so, please explain: _____

This Camper Has Been Treated For: ADD/ADHD Behavioral Difficulties Mental/Emotional Health PTSD

If so, please explain: _____

Name of Camper's Primary Doctor: _____ Phone: _____

Any Additional Information We Need to Know About the Camper? _____

PERMISSION TO TREAT AUTHORIZATION (This Must Be Signed Before Application Can Be Processed)

I hereby give permission to the medical personnel to provide routine health care; to administer prescribed medications; and to administer emergency treatment for my child, including, but not limited to X-rays, routine tests and treatment and/or hospitalization; and to provide or arrange necessary related transportation for my child. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes. It is my intention that representatives of the camp be considered "personal representatives" for the purpose of disclosing health information that is protected under the Health Insurance Portability and Accountability Act of 1996. I also agree to the disclosure to camp representatives of protected health information of the person named herein in order to provide information related to the person's ability to participate in camp activities; and to provide information to the camp representatives to keep me informed of my child's health situation. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the named person. This completed form may be photocopied for trips out of camp.

(Remember to also sign Page 2)

SIGNED - PARENT OR LEGAL GUARDIAN

DATE

CAMP WEEKS

Place a **(1)** By First Choice For Camp Week, And a **(2)** By Second Choice. You Will Be Notified As To Which Week We Are Able to Provide. Camp Week Is From 3:00 Sunday until 6:00 Friday. **Be Sure To Check With Your School Calendar When Selecting Your Week Of Camp.**

JUNE 27 – JULY 02 _____
JULY 04 – JULY 09 _____

JULY 11 – JULY 16 _____
JULY 18 – JULY 23 _____

JULY 25 – JULY 30 _____
AUG. 01 – AUG. 06 _____

Roommate Request: If this camper has a friend of the same age and gender attending the same week, you can request that they be placed in the same cabin by writing the friend's name here. We cannot guarantee roommate requests, but we will do our best to accommodate you.

Name of Roommate: _____

(CONTINUE TO PAGE 2→)

PAYMENT INFORMATION

Please Select One of The Following And Fill In Appropriate Blanks:

- Enclosed Is A Check For \$215 For My Child's Week of Camp.
- Enclosed Is \$_____ As A Deposit For My Child's Week of Camp. I will Pay The Balance of \$_____ at Check-In.
- Enclosed Is \$_____ To Help With the Cost of Sending My Child To Camp. I Have Completed The Financial Aid Forms.

FINANCIAL AID

It is our policy to never deny a child the opportunity to attend camp for financial reasons. However, if you are requesting financial assistance, **you must complete the enclosed Income Eligibility Form as well as the Angel Tree Camping Form.** The good news is, you only need to complete one copy of each form for the entire household. After your forms have been submitted, they will be reviewed. If the forms are incomplete, you will be notified.

Please select the amount of Financial Aid you are requesting.

- 10% Sponsorship (you pay \$193 per child)
- 20% Sponsorship (you pay \$172 per child)
- 30% Sponsorship (you pay \$150 per child)
- 40% Sponsorship (you pay \$129 per child)
- 50% Sponsorship (you pay \$107 per child)
- 60% Sponsorship (you pay \$86 per child)
- 70% Sponsorship (you pay \$64 per child)
- 80% Sponsorship (you pay \$43 per child)
- 90% Sponsorship (you pay \$21 per child)
- 95% Sponsorship (you pay \$10 per child)
- 100% Sponsorship (you pay \$0 per child)

Please write a short paragraph explaining why you need financial assistance. (All information is kept strictly confidential.)

AUTHORIZED PICKUPS

If there are additional people not already listed on page one who you would like to authorize to pick up this child from camp, list them here.

(1) Name _____ Phone _____ Relationship to Camper _____

(2) Name _____ Phone _____ Relationship to Camper _____

(3) Name _____ Phone _____ Relationship to Camper _____

CONSENT FORM

The Following Must Be Signed Before Application Can Be Processed.

I/we agree in this covenant that I/we will indemnify, protect and hold harmless South Mountain Christian Camp, Staff, Volunteers, and Board Members from and against any and all losses, damages, injuries, claims, liabilities, suits, actions, judgments and costs which might arise from or grow out of any camping, sports, activities, or traveling while _____ is attending South Mountain Christian Camp. Camper insurance will pay only if there is

(child's legal name)

no existing family or school insurance policy for this child. Benefits under this policy are limited to amount set by insurance company. Policy will not cover pre-existing conditions or illnesses. I, the undersigned, am responsible for disclosing, in writing, at the time of check-in, **any** medical changes which have occurred since the completion of this application. I understand that camp fees will not be refunded if my child leaves camp early for any reason. I authorize use of photos and video of my child at camp for promotional purposes.

SIGNED - PARENT OR LEGAL GUARDIAN

DATE

COVID WAIVER

The Following Must Be Signed Before Application Can Be Processed.

Assumption of Risk. Client (Includes signer and any minor under signer's care who is also in attendance or on properties or facilities of South Mountain Christian Camp) expressly understands and agrees that Client's use of South Mountain Christian Camp's (SMCC) facilities and premises presents known and inherent risks to Client, its employees, visitors, and guests regarding any potential and/or actual infection of Covid-19 and/or any related illness, the result of which may be both serious and minor, including but not limited to cough, fever, pneumonia, hospitalization and death. Client is responsible for evaluating the risks Client, its employees, visitors, and guests may face and is responsible for its actions. Guest has done so, and by signature below and engaging in CAMP activity, in exchange for the opportunity to voluntarily participate in Camp and Camp activity, has assumed the risks and is responsible for his or her actions.

Client further recognizes, understands, and agrees that SMCC assumes no responsibility for any liability, damage, or injury relating to or resulting from Covid-19 that may be caused by the negligent, grossly negligent, or willful acts or omissions committed prior to, during, or after use of SMCC's facilities and premises by Client.

Acknowledgement of Safety Measures to be Utilized by Client and SMCC. SMCC hereby acknowledges that it will seek to take certain safety measures to help prevent, as best it reasonably can, infection or spread of Covid-19. Such safety measures include the following: cleaning and disinfecting publicly used spaces, wearing gloves when cleaning and disinfecting. SMCC will also stay apprised of any recommendations of CDC and will consider action accordingly. Further, SMCC may remove any safety measures listed herein once the CDC or the United States, state, or local governments deem such measures are no longer necessary.

Client acknowledges that it will also take certain safety measures to help prevent, as best it reasonably can, infection or spread of Covid-19 and also ensure that its employees, visitors, and guests utilize the same safety measure. Such safety measure include: ensuring that Client, its employees, visitors, and guests do not have any symptoms of Covid-19 prior to entrance onto or use of SMCC's facilities and premises, use of handwashing and hand sanitizer on a regular basis while on SMCC's premises and maintaining social distancing and proper use of face masks when in the company of others. In the event that the CDC recommends additional safety measures, Client agrees to utilize and ensure its employees, visitors, and guests also utilize such safety measures upon verbal or written request of SMCC>

Indemnification and Hold Harmless. Client specifically understands that it is personally responsible for its actions and omissions, and any resulting sicknesses of injuries relating to or resulting from Covid-19 or other illnesses and agrees to indemnify, defend, and hold harmless, including from reasonable attorneys' fees and/or any other associated costs, SMCC, and its predecessors, successors, assigns, officers, directors, trustees, board members, faculty, employees, volunteers, agents, and legal representatives (collectively known here-in as Releasees) from any and all actions, claims, or demands that Client and its administrators, employers, employees, agents, representatives, insurers, legal representatives, visitors, guests, heirs, beneficiaries, executors and estates of visitors and guests, and assigns (collectively known here-in as Releasors), have or may have for any and all sicknesses or injuries relating to or resulting from Covid-19, Client, its employees, visitors, guests or anyone that comes into contact with Covid-19, may suffer or sustain, regardless of cause or fault, as a result of his/her voluntary decision to utilize the facilities and premises of SMCC, caused by any act or omission of SMCC and/or Client, its employees, visitors, and guests resulting from utilizing the facilities and premises of SMCC.

WAIVER OF CLAIMS: In consideration of being allowed to utilize SMCC's facilities and premises, Client, and its Releasors hereby waive any and all claims, demands, damages, actions, or suits, in law or in equity, whether heretofore or hereafter accruing, or whether now known or not known to the parties, which may arise from any negligent or grossly negligent act or omission of SMCC, or its Releasees, including but not limited to claims for negligence, gross negligence, personal injury, and mental anguish, for or because of anything done or omitted, or suffered to be done, directly or indirectly related to Client's use of and entrance upon SMCC's facilities and premises relating to or resulting from possible or actual exposure to Covid-19 or other illness. Releasors further waive any and all liability of Releasees for their negligence or gross negligence causing any accident, illness, injury, loss or damage to personal property, or any other consequences arising or resulting directly or indirectly from Client's use of and entrance upon SMCC's facilities and premises. Releasors acknowledge and agree that Releasees assume no responsibility for any liability, damage or injury that may be caused by the negligent, grossly negligent, or willful acts or omissions committed prior to, during, or after Client's use of and entrance upon SMCC's facilities and premises of any of Client's employees, visitors, and guests in connection with same by signing this agreement Releasors are giving up legal rights.

Physical Condition and Insurance. Client attests that Client and its employees, visitors, and guests, have no known health restrictions that might jeopardize her/his/their safety or health or the safety or health of others during their use of SMCC's facilities and premises.

SIGNED - PARENT OR LEGAL GUARDIAN

DATE

RETURN ALL FORMS TO : South Mountain Christian Camp
P.O. Box 9
Bostic, NC 28018-0009

**Get more information, sign up for camp online,
or download more paper applications at
www.SouthMountainChristianCamp.org**

**Applications Are Processed On A First-Come, First-Served Basis. Incomplete Applications Will Be Returned Without Processing.
The Quickest Way To Save Your Spot At Camp Is To Sign Up Online At www.SouthMountainChristianCamp.org.**