



2017 VENETIAN SUMMER CAMP APPLICATION

Dates: Session 1: June 5 – June 16 – *Ancient Civilizations*
 Session 2: June 19– June 30 – *Rainforest*

Time: 9:00 AM - 2:00 PM

Cost*: **\$230 per session** for swim team members OR **\$260 per session** for non-swim team members.

* A \$50 registration fee (per camper, per session) is included in this amount and is non-refundable in the event of a cancellation.

Cancellations: Camp fees will be refunded, minus any registration fees, as long as cancellations are received 30 days prior to the first day of camp and the slot can be filled.

Eligibility: Members’ children who are rising first through fifth graders.

Camper’s Name(s)	Birthdate	Swim Team?	Grade (Fall 2017)	Session(s) Desired
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No		1 2
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No		1 2
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No		1 2

Please indicate here your second choice if your first-choice session is filled: _____

Parent 1/Guardian’s Name: _____ **Email** _____

Address: _____

Home Phone: _____ **Cell Phone** _____ **Work Phone:** _____

Parent 2/Guardian’s Name _____ **Email** _____

Address: _____

Home Phone: _____ **Cell Phone** _____ **Work Phone:** _____

Payment options (check one)

____ I am enclosing one check for the entire amount, which will be deposited upon receipt. A \$50 (per session, per camper) portion of this is nonrefundable. **(Complete STEP 1 below.)**

____ I am enclosing two checks. One is for the amount of registration fees (\$50 per session, per camper), which will be deposited upon receipt and is nonrefundable. The second check is for the amount of the remainder of the fees and will be held until May 15th. **(Complete Steps 1 and 2 below.)**

Session 1 / June 5 – June 16 – *Ancient Civilizations*

Swim team \$230.00 · _____ = \$ _____

Non-Swim team \$260.00 · _____ = \$ _____

Session 2 / June 19 – June 30 – *Rainforest*

Swim team \$230.00 · _____ = \$ _____

Non-Swim team \$260.00 · _____ = \$ _____

STEP 1: Calculate one check for the entire amount

Amount per session x number of campers x number of sessions = \$ _____

STEP 2

Check #1 = \$50 x number of campers x number of sessions = \$ _____ (will be deposited upon receipt)

Check#2 = Total Payment from **STEP 1** less amount from **Check #1** = \$ _____ (will be held until May 15th)

TOTAL PAYMENT \$ _____

Please enclose check or checks for total payment due, payable to Venetian Pools Community Association, along with a self-addressed stamped envelope (for receipt and confirmation) to:

Kristi Hanna
739 Livingstone Place
Decatur, GA 30030
Tax ID # 58-1741001

Questions: If you have questions about camp, please call Kristi at (404) 849-4429 or email her at laurelridgeart@gmail.com.

VENETIAN SUMMER CAMP HEALTH FORM

This information applies to all campers listed below. Please photocopy additional forms as needed.

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

Emergency Contacts:

Name: _____ Daytime Phone Number: (____) _____

Name: _____ Daytime Phone Number: (____) _____

Physician's Name: _____ Phone Number: (____) _____

The health history described below for each camper is accurate. The camper can engage in all camp activities except as noted below. In the event that an emergency contact cannot be reached in an emergency, permission is given to the camp director and staff to secure appropriate medical attention for the camper.

Signature: _____ Date: _____

Camper's Name: _____

Are there any special health or social needs that we should know about?

List any allergies (food, hay fever, bee stings, medications, other):

List any medical conditions and regular medicines taken by the camper that the camp staff should be aware of:

List any restrictions on physical activities:

May the camp staff give this camper Benadryl in the event of a bee sting? _____

Camper's Name: _____

Are there any special health or social needs that we should know about?

List any allergies (food, hay fever, bee stings, medications, other):

List any medical conditions and regular medicines taken by the camper that the camp staff should be aware of:

List any restrictions on physical activities:

May the camp staff give this camper Benadryl in the event of a bee sting? _____

Camper's Name: _____

Are there any special health or social needs that we should know about?

List any allergies (e.g., food, hay fever, bee stings, medications, other):

List any medical conditions and regular medicines taken by the camper that the camp staff should be aware of:

List any restrictions on physical activities:

May the camp staff give this camper Benadryl in the event of a bee sting? _____