

## Registration Form

Please CLEARLY Print Information

Name of Child \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Mother's Phone Number: \_\_\_\_\_

Email (important camp info.) \_\_\_\_\_

Father//Guardian Name \_\_\_\_\_ Father's Phone Number: \_\_\_\_\_

If we are unable to reach the parent/guardian listed at the above phone numbers, whom should we call?

**Alternate Contact Name:** \_\_\_\_\_

Alternate Contact Phone Number: \_\_\_\_\_

**Are there any medical conditions we need to be aware of?** (Circle one) **No** **Yes**

If yes, please complete "Medical Conditions" section:

Medical Conditions: (Please indicate if child is allergic to any foods, etc.)  
\_\_\_\_\_

*Albemarle School has permission to share your child's photograph via social media, yearbook, camp advertisements etc.*

YES  NO

\*\*\*PLEASE CHECK THE DESIRED CAMP OR CAMPS YOUR CHILD WOULD LIKE TO PARTICIPATE IN\*\*\*\*

\_\_\_\_\_ Volleyball (2-day camp): **Date:** June 6<sup>th</sup> & 7<sup>th</sup> from 9 a.m.-12 noon  
**Ages:** 7-14 **Price:** \$60

\_\_\_\_\_ Softball (2-day camp): **Date:** June 12<sup>th</sup> & 13<sup>th</sup> from 9 a.m.-12 noon  
**Ages:** 7-14 **Price:** \$60

\_\_\_\_\_ Baseball (2-day camp): **Date:** June 14<sup>th</sup> & 15<sup>th</sup> from 9 a.m.-12 noon  
**Ages:** 9-15 **Price:** \$60

\_\_\_\_\_ **Co-Ed Soccer** (2-day camp): **Date:** June 22<sup>nd</sup> & 23<sup>rd</sup> from 9 a.m.-12 noon  
**Ages:** 7-14 **Price:** \$60

\_\_\_\_\_ **Co-Ed Basketball** (2-day camp): **Date:** July 6<sup>th</sup> & 7<sup>th</sup> from 9 a.m.-12 noon  
**Ages:** 9-15 **Price:** \$60

## Junior Camps

- \_\_\_\_\_ Lizard Land Camp (1-day): **Date:** June 26<sup>th</sup> from 9 a.m.-12 noon  
**Grades:** *Completed* K-4<sup>th</sup> **Price:** \$30
- \_\_\_\_\_ Conservation Camp (1-day): **Date:** June 27<sup>th</sup> from 9 a.m.-12:00 noon  
**Grades:** *Completed* K-4<sup>th</sup> **Price:** \$30
- \_\_\_\_\_ Space Camp (1-day): **Date:** June 28<sup>th</sup> from 9:00 a.m.-12:00 noon  
**Grades:** *Completed* K-4<sup>th</sup> **Price:** \$30
- \_\_\_\_\_ Under the Sea (1-day): **Date:** July 10<sup>th</sup> from 9:00 a.m.-12:00 noon  
**Grades:** *Completed* K-4<sup>th</sup> **Price:** \$30
- \_\_\_\_\_ Horticulture (1-day): **Date:** July 11<sup>th</sup> from 9:00 a.m.-12:00 noon  
**Grades:** *Completed* K-4<sup>th</sup> **Price:** \$30
- \_\_\_\_\_ Cheer Camp (1-day): **Date:** July 12<sup>th</sup> from 9:00 a.m.-12:00 noon  
**Grades:** *Completed* K-4<sup>th</sup> **Price:** \$30

### Important information:

- All camps will be held at Albemarle School
- Your spot will be held upon registration and payment
- All payments are non-refundable
- Camp details will be emailed out upon registration (please provide an email address)
- Please see flyers for additional information
- Camps are subject to open to the public. Limited spacing is available.

**IF YOU ARE INTERESTED IN HELPING PLEASE PROVIDE YOUR NAME & PHONE NUMBER.**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Camps you are interested in volunteering for: \_\_\_\_\_

\_\_\_ CASH    \_\_\_ CHECK    (Please make checks payable to: Albemarle School)

**I agree to the terms and conditions of the waiver and give my child permission to attend Albemarle School Summer camps.**

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**Albemarle School  
1210 US HWY 17 S.  
Elizabeth City, NC 27909  
252-338-0883**

**Summer Camp Accident Waiver and Release of Liability Form**

I hereby give my permission for my child \_\_\_\_\_ to participate in the Albemarle School Summer Camp Program.

In the event of an emergency, I understand that I will be notified of the situation as soon as possible. I agree to pay any necessary expenses incurred in the medical treatment of my child. I understand that the Albemarle School may dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. In this event, I understand that I will not receive a refund of camp fees for unattended days. I understand that the risks associated with camp activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate.

I understand that the Albemarle School is not liable for any injuries or other occurrences due to indoor and outdoor camp activities or related risks, and/or the actions or omissions of Albemarle School camp counselors, volunteers, employees, trustees, directors, officers, or any other entities being released.

In permitting my child to participate in this activity, I WAIVE, RELEASE, AND DISCHARGE Albemarle School & camp volunteers from any and all liability.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND THE CONTENT, AND AGREE TO THE TERMS.

\_\_\_\_\_  
Parent/Guardian Printed Name (Please print legibly)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date