

SUMMER CAMP APPLICATION 2017

Save \$10 Register online at cs-yc.com Save \$10 Register online at cs-yc.com

If attending more than one week, a separate application form for each week must be submitted.

1. CAMPER INFORMATION

Confirmations are sent via email. If you prefer mail, please check this box.

Camper's First Name _____ Middle Name _____ Last Name _____
 Gender Female Male Age _____ Birthdate (month/day/year) _____/_____/_____
 Parent/Guardian Name _____ Relationship to Camper _____
 Parent/Guardian Email _____ Person(s) Authorized to Pick Up Camper _____
 Mailing Address _____ City _____ State _____ Zip _____
 Religious Denomination _____ Home Church _____
 Primary Phone _____ Alt. Phone _____
 How Did You Hear About Cohutta Springs? I'm a former camper Friend Church School Internet Relative Other _____

2. REG CAMP

Please check the REG Camp you plan to attend. Numbers after camp name represent age group.

Junior I (10-12) June 11-18 Teen I (13-17) July 2-9 Teen II (13-17) July 9-16
 Junior II (10-12) June 18-25 Rock Solid Teen I (16-18) July 2-9 Rock Solid Teen II (16-18) July 9-16
 Adventure (7-9) June 25-30

Attractions—If you're attending Junior, Tween, or Teen Camps, indicate the morning attraction you'd like to take by 1st, 2nd, 3rd, and 4th choice.

<input type="checkbox"/> Archery/Rocketry	<input type="checkbox"/> Fit for Life	<input type="checkbox"/> Soccer (Teen II only)
<input type="checkbox"/> Basketball (except Teen I)	<input type="checkbox"/> Gymnastics (except Teen I)	<input type="checkbox"/> Sports (except Teen II)
<input type="checkbox"/> BMX Biking	<input type="checkbox"/> Horsemanship	<input type="checkbox"/> Swimming/Blob
<input type="checkbox"/> Creative Arts (Junior I & II)	<input type="checkbox"/> Mountain Biking	<input type="checkbox"/> Videography
<input type="checkbox"/> Digital Photography	<input type="checkbox"/> Mountain Lore	<input type="checkbox"/> Wakeboarding/Skiing
<input type="checkbox"/> Drama	<input type="checkbox"/> Music Performance	<input type="checkbox"/> Wilderness Survival
<input type="checkbox"/> Fishing	<input type="checkbox"/> Paintball (Teen only)	

3. RAD CAMP

Please check the RAD Camp you plan to attend. Indicate a 2nd and 3rd choice in case your first choice is filled. Age limits are 13-17 except where noted.

<input type="checkbox"/> Paintball I June 11-18	<input type="checkbox"/> Wakeboard I June 25-July 2	<input type="checkbox"/> Golf July 9-16
<input type="checkbox"/> Fit for Life I (10-13) June 11-25	<input type="checkbox"/> C. I. T. (15+) June 25-July 2	<input type="checkbox"/> Wakeboard II July 9-16
<input type="checkbox"/> Ultimate RAD June 18-25	<input type="checkbox"/> Fit for Life II (13-17) June 25-July 16	<input type="checkbox"/> Surf July 16-23
<input type="checkbox"/> Paintball II June 18-25	<input type="checkbox"/> Basketball July 2-9	<input type="checkbox"/> W. I. T. (15+) Circle desired week (except June 25-July 2)
<input type="checkbox"/> S. I. T. (15+) June 18-25	<input type="checkbox"/> Whitewater/Kayak July 2-9	
<input type="checkbox"/> RAD Horse Trip June 25-July 2	<input type="checkbox"/> Gym-Masters July 2-9	
<input type="checkbox"/> Paintball III June 25-July 2	<input type="checkbox"/> Gym-Masters DAY (7-17) July 3-7	

4. TRANSPORTATION

Please check which applies.

I will travel to camp on the Cohutta Springs bus **from:** Marietta
 I will travel from camp on the Cohutta Springs bus **to:** Marietta Collegedale (Adventure only)
 I will travel by my own transportation: **to** camp **from** camp

Parents: We cannot send your child by another mode of transportation when they are leaving camp other than what you have checked unless you, the parent or guardian, give us permission. As you realize, this is for your child's protection.

5. ADDITIONAL INFO

Cabin mate request must be signed up for the **same** attraction and mailed in the **same** envelope. Name(s) _____
 Are you staying 2 or more consecutive weeks? Yes No If yes, do you want **free** laundry service? Yes No

6. DISCOUNTS & DEPOSITS

Total fees and include payment with application. **Note:** A \$15 installment fee is included in the two-payment plan

\$ _____ REG Camp: \$495 or \$255 deposit and \$255 balance	\$ _____ Paintball Attraction: \$25
\$ _____ Adventure Camp: \$445 or \$230 deposit and \$230 balance	\$ _____ Spending money for camper's store account (\$30-\$90 suggested)
\$ _____ RAD Camp: \$545 or \$280 deposit and \$280 balance	\$ _____ Donation for Capital Improvements Fund
\$ _____ RAD Horse Trip: \$645 or \$330 deposit and \$330 balance	\$ _____ Donation for Campership Fund
\$ _____ Surf Camp: \$895 or \$455 deposit and \$455 balance	\$ _____ Discount for Seventh-day Adventist member families (see table)
\$ _____ Fit for Life I: \$795 or \$405 deposit and \$405 balance	(for 2-payment plan, deduct half the discount from each payment)
\$ _____ Fit for Life II: \$1,195 or \$605 deposit and \$605 balance	\$ _____ \$20 Early Bird Discount (by April 30); Does not apply to Gym-Master DAY Camp
\$ _____ Gym-Masters DAY Camp: \$165 or \$90 deposit and \$90 balance	\$ _____ Other _____
\$ _____ Bus Fare: \$22 Marietta (each way), \$18 Collegedale (Adventure only)	\$ _____ Total Enclosed (there is a \$38 fee for returned checks)
\$ _____ Rental Fee: \$40 Golf Clubs	

SDA Member Discount

REG Camp - \$160
 Adventure Camp - \$160

RAD Camp - \$90

RAD Horse Trip - \$120
 Surf Camp - \$200

Fit for Life - N/A

Gym-Masters DAY Camp - N/A

7. PAYMENT CREDIT/DEBIT

Visa MasterCard Discover OR make checks payable to Cohutta Springs Youth Camp



Cardholder's Name _____ Signature _____
 Mailing Address _____ City _____ State _____ Zip _____
 Card Number _____ Exp. _____

8. SIGN FORMS & MAIL

Payable to: Cohutta Springs Youth Camp • PO Box 12000, Calhoun, GA 30703 • or fax to 706-625-3684 (credit card only)

Refund Policy—Refunds, less a \$50 processing fee, will be given until midnight 14 days prior to camp. Within 14 days prior to camp a 50% refund will be issued on all fees (i.e. total camp fee, bus, and rental fees).

Please sign medical consent and camp release forms on reverse side.

CONSENT & AUTHORIZATION FORM

All parents need to sign the medical consent and camp release forms. Please print clearly.

MEDICAL TREATMENT CONSENT & CAMP AGREEMENT FORM

Name of Camper _____ Birthdate _____

The person listed above has permission to participate in all camp activities unless otherwise noted. The camper will turn in all medications to the camp nurse at Camper Check-In and will take any and all prescribed medications sent to camp by the parent/guardian. I give permission to the physician selected by the camp to examine, order any X-ray, routine tests, and treatments related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthetic, medical or surgical treatment to said minor. In addition, the camp has permission to obtain a copy of my child's medical record from providers who treat my child and these providers may talk to attending camp staff about the child's health status. I hereby authorize any hospital or physician, or any other person who has attended or examined said minor to furnish the camp and camps' insurance company or its representative any and all information with respect to any illness, injury, medical history, consultation, prescriptions, or treatment and copies of all hospital or medical records. I accept the conditions stated, including the release of the Georgia-Cumberland Conference of Seventh-day Adventists and Cohutta Springs Youth Camp management from liability in case of serious injury or death.

I hereby give my consent for said camper to ride the Cohutta Springs bus/van for any camp-related activities. I also release all photos and videos taken for Cohutta Springs Youth Camp promotions. This consent shall remain in continuous effect until revoked in writing or until said minor is removed by the parent/legal guardian from the care of Cohutta Springs Youth Camp. I give permission to photocopy this form. A photo copy of this form shall be as effective and valid as the original.

Signature of Parent/Legal Guardian Date _____

CAMP RELEASE FORM

- Any camp activity has **inherent risks** and may result in serious injury or death.
- When you participate, **you are responsible** for taking the time to learn safe techniques and the proper use and limitations of each piece of equipment.
- These activities are not a requirement and you **may refuse** to engage in any part of the activity if you feel uncomfortable.
- I realize that camp activities can be high-risk and potentially dangerous. I, therefore, knowingly accept and agree to release **Cohutta Springs Youth Camp** and its employees, agents and the **Georgia-Cumberland Conference of Seventh-day Adventists** from liability in case of serious injury or death at said organization's facility and/or at RAD Camp itinerary locations.

I do support and agree to abide by all camp regulations and policies and to uphold its objectives.

Camper's Signature Date _____

Parent/Legal Guardian Signature Date _____
(Parent/Legal Guardian's approval **must** be given for anyone under 18 years of age.)

IMPORTANT

In planning for the camping season, we have endeavored to create as safe an environment and activities as possible, while still allowing for campers to experience adventure and to be challenged physically. In the event a camper were to need medical attention, the accompanying consent to medical treatment will be used. It must be completed and signed before we can accept the application. When this application has been processed, the camper will receive a confirmation/receipt.

Please Note: Camper registration includes limited accident insurance. Health insurance remains the family's responsibility, i.e. flu, earaches, and other personal health issues.