

Camelot Academy Summer Explorations

Registration Form

Please send registration forms to Camelot Academy at

809 Proctor Street Durham, North Carolina 27707

Or fax with credit card to (919) 682-4320

Camper Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Birthdate: _____ **Age as of June 14, 2010:** _____ **Male or Female (circle one)**

Phone: home: _____ **cell:** _____ **work:** _____

Email: _____

Rates –

½ day camp (9am–12pm or 12:30pm–3:30pm) = \$99 per week

Full day camp (9am–3pm) = \$199 per week

Please write in the camp titles you desire. Spaces are filled on a first come first served basis.

Session	Dates	Morning Camp (9am-12)*	Afternoon Camp (12:30-3:30pm)	Fee
Session 1	June 14-18			
Session 2	June 21-25			
Session 3	July 12-16			
Session 4	July 19-23			
Session 5	July 26-30			
Session 6	August 2-6			
Session 7	August 9-13			

* If you sign-up for a full day camp, put the name of the camp in each box (morning and afternoon).

Camelot Academy
809 Proctor Street * Durham, North Carolina * 27707
Phone (919) 688-3040 * Fax (919) 682- 4320

Emergency Release Form

I hereby give permission and authorize Camelot Academy to seek and obtain emergency medical treatment for _____

Student's Full Name

in the event that I cannot be reached at the time of injury. This permission is effective from June 14th through August 13th, 2010. Furthermore, I hereby release and agree to hold harmless Camelot Academy from any claim for legal or financial liability in the event that such emergency treatment is requested or received.

Insurance Company _____

Policy Number(s) _____

Parent Signature

Date

In the event of an emergency we will contact you. Please list the following items:

First Contact: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Second Contact: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Home Address: _____

Trip Permission Form

I hereby give permission and authorize Camelot Academy to take _____ on field trips within 15 miles of the school at any time during 2010 Summer Programs. This permission is effective from June 14th through August 13th, 2010. Furthermore, I hereby release and agree to hold harmless Camelot Academy from any claim for legal or financial liability in regard to these field trips.

Print Student's Full Name

Parent Signature

Date

Emergency Contact Information

Student name: _____

Mother's name: _____

Home number: _____

Work number: _____

Cell number: _____

Father's name: _____

Home number: _____

Work number: _____

Cell number: _____

Other adults authorized to pick up student:

Name: _____ *Phone number:* _____

Name: _____ *Phone number:* _____

Allergies: _____

Medications taken at home or to be taken at school:

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Photography Release

Student Name: _____

(Please Print)

I hereby authorize and give my permission for photographs to be taken of the above named student while at Camelot Academy's Summer Explorations, provided such photographs are taken by members of the Camelot community or such other persons or members of the media authorized by Camelot Academy.

Furthermore, I hereby authorize and give my permission for Camelot Academy to use and publish photographs of the above named student, or ones in which he or she may be included, for editorial, advertising or public relations purposes.

Finally, I hereby agree to release and hold harmless Camelot Academy and its legal representatives and waive all claims and liability relating to such photographs.

Parent Signature

Date

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Student Computer Agreement

Student Name: _____

(Please Print)

I understand that the use of computers and access to the Internet through Camelot Academy are privileges to be used for educational purposes. Any misuse of the computers or Internet access can result in immediate disciplinary action up to and including dismissal from the school. Malicious misuse can also result in legal prosecution. Since all files are on the school's network and on equipment provided by the school, I understand that they are subject to examination and review at any time. I understand that the school computers are not to be used for Instant Messaging (IM) or chat room activity.

Student Signature

Date

Parent Name: _____

(Please Print)

I have discussed appropriate and inappropriate use of the computers and Internet access at Camelot Academy with my student. I understand that there are text and graphics files that are available on the Internet which are inappropriate for students to access and that the school cannot monitor all use. While Camelot will monitor student use of the computers and Internet access, my student is ultimately responsible for his or her actions, and Camelot will not be held responsible for materials, which my student might access.

Parent Signature

Date