

SOCK Camp

2020



**“SERVING OUR
COMMUNITY’S KIDS”**

What is SOCK Camp?

A fun-filled week-long camp full of crafts, activities, and adventure for children ages 6-12 years old (current 1st- 6th grades). The camp is free to all campers and includes transportation to and from camp (if needed) as well as a morning snack and a hot lunch every day.

Where is SOCK Camp?

Durham Academy Upper School Campus
3601 Ridge Road
Durham, NC 27705

When is SOCK Camp?

June 15-19, 2020
8:30 a.m. – 3:00 p.m. daily

Who runs SOCK Camp?

Students from the Durham Academy Upper School

How do I register my child for SOCK Camp?

Fill out the attached camper application and return it to the school counselor at your child's elementary school by Friday, May 8, 2020

Who can I contact if I have further questions?

William Edwards – SOCK Camp Advisor
Email: William.edwards@da.org
Cell: (919)210-1638

SOCK CAMP 2020

****Camper Application****

General Information:

Name of Camper: _____

Name of Parent: _____

Camper Age (as of June 2020): _____ Camper Birth date: _____ / _____ / _____

School (circle): Forest View Elementary Hope Valley Elementary

Camper Gender (circle): M F

Home Address: _____

Apartment Complex: _____ Apt. Number _____

Mailing Address: _____

☐ (check if Street and Mailing addresses are the same)

Camper's School Bus Stop*: _____

*This information will tell us where to pick up/drop off your child if he/she needs camp transportation

Please check all that apply:

My child will require:

_____ Transportation to camp in the morning

_____ Transportation from camp in the afternoon

Camper T-Shirt Size (circle):

Youth S

Youth M

Youth L

Adult S

Adult M

Adult L

Adult XL

Emergency Contact Information:

Name of Contact: _____

Relation to Camper: _____

Contact Numbers:

Cell

Home

Work

Medical Information:

Food allergies (List all food allergies):

Pre-existing Medical Conditions (List all medical conditions):

*Does the child require an inhaler or epi-pen?	Yes	No
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*Does the child require any daily medications?	Yes	No
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Please list all daily medications: _____

*If 'yes', we require the camper to bring his/her inhaler/epi-pen and other medications to camp daily

Physician Info:

Physician Name: _____

Name of Medical Practice: _____

Address of Medical Office: _____

Telephone Number of Office: _____

MEDICAL RELEASE

I certify that my camper's medical information is complete and accurate to the best of my knowledge. I give permission for a SOCK Camp staff member to seek emergency care for my child in my absence.

Printed Name: _____ **Date:** _____

Signature: _____

Rules of Conduct for Campers:

- 1) No violent or inappropriate behavior (e.g. fighting or wrestling)
- 2) Weapons of any kind are prohibited—"weapon" entails anything that endangers the safety of other campers
- 3) No rude or inappropriate language. No name-calling.
- 4) Campers are expected to listen to their counselors and follow directions

If Rules of Conduct are not followed

First Offense: A counselor will give the child a warning

Second Offense: A call will be made to the parents of the child

Third Offense: The child will be sent home for the remainder of camp

An "offense" is any action that violates the above Rules of Conduct or that the Camp Directors deem worthy of a disciplinary response.

As the parent or guardian of the child, I understand the Rules of Conduct, the consequences of misbehavior, and my responsibility in helping the child to uphold them.

Parent Signature: _____ ***Date:*** _____

As a camper, I understand the Rules of Conduct and the consequences of misbehavior.

Camper Signature: _____