SOCK Camp

**2019**



**“SERVING OUR COMMUNITY’S KIDS”**

***What is SOCK Camp?***

**A fun-filled week-long camp full of crafts, activities, and adventure for children ages 6-10 years old (current 1st- 4th 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 17-21, 2019**

**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 10, 2019**

***Who can I contact if I have further questions?***

**William Edwards – SOCK Camp Advisor**

**Email:** [**William.edwards@da.org**](mailto:William.edwards@da.org)

**Cell: (919)210-1638**

**SOCK CAMP 2019**

**\*\*Camper Application\*\***

**General Information:**

Name of Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper Age (as of June 2019): \_\_\_\_\_\_\_\_ 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

\*Does the child require any daily medications? Yes No

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:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_