

A.C.T.I.O.N. Coalition Teen Summer Camp
138 East Main Street, Mountain City, TN 37683, 423-727-0780
July 16-18

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Return By July 1

Frist Name: _____ Last Name: _____

Gender: ☐ Female ☐ Male Age: _____ T-Shirt Size _____

School: _____

Grade attended year 2024-2025: _____


Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____ Cell: _____

Parent email: _____

(Include area code with telephone)

 Please list ADA Accommodations needed: _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Person's authorized to pick up child: _____
(Please provide a copy of their ID)

Other Dismissal Arrangements _____

If your child is going to be picked up by someone other than who is authorized, please inform Camp Director. Your child must have written permission to leave with another adult, other than the authorized persons named on registration form.

Emergency contact: _____ Relationship: _____ Phone: _____

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Is your child on any medication?* No Yes If so, please specify: _____

***Administering Medication:** A.C.T.I.O.N Coalition is not responsible for the administering of medication.

PHOTOGRAPH RELEASE

I hereby do consent and authorize A.C.T.I.O.N Coalition Inc. to reproduce photographs or video taken of my child for education, advertising and publicity purposes of every description.

Parent/ Guardian Signature

Date

LUNCH

Lunch will be provided daily for campers. They are also welcome to bring their own lunch if desired. If your child has any specific food allergies or dietary needs please inform Camp staff.

Dietary Needs: _____

DROP OFF AND PICK UP TIMES

Location: ACTION Coalition Office (138 E Main Street – Mountain City, TN)

Before care and after care will not be provided

Drop off time:

- Weds-Fri 9:30am-10am

Pick up time:

- Weds-Thu 2pm-2:30pm
- Fri 2pm (AT POOL)

Campers with Special Needs

If your child has special needs, A.C.T.I.O.N Coalition requires a personal assistant for each day of the camp session to ensure that your child has the best opportunity to enjoy a positive and fun filled camp experience.

Assistant's Name: _____ Phone number: _____

CONTACT INFORMATION

For more information, contact Elizabeth Osborne at

Phone: 423-727-0780

Email: eosborne.action@outlook.com

I agree to the terms and conditions stated above.

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

Special Events:

Campers will be doing a Scavenger Hunt Photo Challenge around the Main Street block of Mountain City. We will try to have a staff member with each group but if there are more than 3 groups, we will have staff members walking through town to keep an eye on all campers. Since this camp is for older children, we trust that they understand the safety protocols of crossing the street, walking with a buddy, etc. and we will be going over the procedures before the challenge begins. On Friday, Campers will enjoy some pool time after lunch from 12p to 2p. Pick up will be at the Community Center Pool this day. Please send with your child a swimsuit, towel, sunscreen, extra clothes, and any money they may need for extra concessions. Water will be provided by ACTION but if they want sodas, candy, or other snacks, that is at their discretion, and they will need their own money for those.

I agree to the terms and conditions stated above and give permission for my child to participate in the Scavenger Hunt Photo Challenge and to attend Pool Day.

SIGNATURE OF PARENT OR GUARDIAN_____ **DATE**_____

MEDICAL INFORMATION:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child_____ as they may deem advisable.

Parent/Legal Guardian Name_____ Date_____

Parent/Legal Guardian Signature_____ Date_____

List any allergies/surgeries/illnesses

Doctor_____ Phone number_____

Insurance Carrier_____ Policy number_____

Please list any additional health information you would like camp staff to be aware of in order to provide the best care for your child.
