

## 2015 VENETIAN SUMMER CAMP APPLICATION

**Dates:** Session 1: **June 1 - 5 and June 8 - 12 (Mon - Fri)**  
 Session 2: **June 15 - 19 and June 22 - 26 (Mon - Fri)**

**Time:** 9:00 am - 2:00 pm (approximate times): Starting time will be adjusted to coincide with swim team practice and will be posted on the pool bulletin board prior to the first camp session.

**Cost:** \$225 per session for swim team members OR \$250 per session for non-swim team members.  
 \* A \$50 registration fee (per camper, per session) is included in this amount and is non-refundable in the event of a cancellation.

**Cancellations:** Camp fees will be refunded, minus any registration fees, as long as cancellations are received 30 days prior to the first day of class and the slot can be filled.

**Eligibility:** Current Members' children who are rising first through fifth graders.

Camper's Name(s)	Birthdate	Swim Team?	Grade (Fall 2015)	Session(s) Desired
1. _____	_____	Yes No	_____	1 / 2
2. _____	_____	Yes No	_____	1/ 2
3. _____	_____	Yes No	_____	1/ 2

Please indicate here your second choice if your first choice session is filled: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Father's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Payment options(check one)**

\_\_\_\_ I am enclosing **one check** for the entire amount, which will be deposited upon receipt. A \$50 (per session, per camper) portion of this is nonrefundable. **(Complete step 1 below.)**  
 \_\_\_\_ I am enclosing **two checks**. One is for the amount of registration fees (\$50 per session, per camper), which will be deposited upon receipt and is nonrefundable. The second check is for the amount of the remainder of the fees and will be held until May 11th. **(Complete Steps 1 and 2 below).**

**Session 1 / June 1st - June 12th**

Swim team      \$225.00 × \_\_\_\_\_ = \$ \_\_\_\_\_  
 Non-Swim team \$250.00 × \_\_\_\_\_ = \$ \_\_\_\_\_

**Session 2 / June 15th - June 26th**

Swim team      \$225.00 × \_\_\_\_\_ = \$ \_\_\_\_\_  
 Non-Swim team \$250.00 × \_\_\_\_\_ = \$ \_\_\_\_\_

**STEP 1**

(Calculate one check for the entire amount)  
 Amount per session x # of campers x # of sessions = \$ \_\_\_\_\_

**STEP 2**

Check #1 = \$50 per session # of sessions x # of campers per session = \$ \_\_\_\_\_ (will be deposited upon receipt)  
 Check #2 = Total payment from **STEP 1** less Amt **Check #1** = \$ \_\_\_\_\_ (will be held until May 12th)

**TOTAL PAYMENT \$ \_\_\_\_\_**

Please enclose **check or checks** for total payment due, payable to Venetian Pools Community Association, along with a **self-addressed stamped envelope to:**

Nancy Nichols  
2380 Ashbourne Dr.  
Lawrenceville, GA 30043

**Tax ID # 58-1741001**

Questions: If you have questions about camp, please call Nancy at (770) 339-4831 or email her at [nnichols13@charter.net](mailto:nnichols13@charter.net)

## VENETIAN SUMMER CAMP HEALTH FORM

This information applies to all campers listed below. Please photocopy additional forms as needed.

**Parent/Guardian's Name:** \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

The health history described below for each camper is accurate. The camper can engage in all camp activities except as noted below. In the event that an emergency contact cannot be reached in an emergency, permission is given to the camp director and staff to secure appropriate medical attention for the camper.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Camper's Name:** \_\_\_\_\_

Are there any special health or social needs that we should know about?

List any allergies (food, hay fever, bee stings, medications, other):

List any medical conditions and regular medicines taken by the camper that the camp staff should be aware

of:

List any restrictions on physical activities:

May the camp staff give this camper Benadryl in the event of a bee sting? \_\_\_\_\_

**Camper's Name:** \_\_\_\_\_

Are there any special health or social needs that we should know about?

List any allergies (food, hay fever, bee stings, medications, other):

List any medical conditions and regular medicines taken by the camper that the camp staff should be aware

of:

List any restrictions on physical activities:

May the camp staff give this camper Benadryl in the event of a bee sting? \_\_\_\_\_

**Camper's Name:** \_\_\_\_\_

Are there any special health or social needs that we should know about?

List any allergies (food, hay fever, bee stings, medications, other):

List any medical conditions and regular medicines taken by the camper that the camp staff should be aware

of:

List any restrictions on physical activities:

May the camp staff give this camper Benadryl in the event of a bee sting? \_\_\_\_\_