

# CAMP CAROLINA 2012 RETURNING CA APPLICATION

To be completed by CA applicant's Parents

## SESSIONS

First  1st 7 Week   
Main  2nd 7 Week   
Third  10 Week   
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Please enroll: \_\_\_\_\_  
Please print or type. Underline the name by which he prefers to be called.  
Camper's Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Adult T-shirt size: \_\_\_\_\_ Last school attended: \_\_\_\_\_ School grade completed '11 \_\_\_\_\_

Please tell us if parents are divorced, separated or if either parent is deceased: \_\_\_\_\_

If parents are divorced or separated with whom does applicant reside? \_\_\_\_\_

Names & ages of brothers & sisters: \_\_\_\_\_

Any physical disabilities affecting activity participation? \_\_\_\_\_ Please enclose particulars in accompanying letter.

Any psychological or emotional disabilities which would require special medical attention or special diet? \_\_\_\_\_

Explain \_\_\_\_\_

List all meds your son is prescribed during the school year: \_\_\_\_\_

**Father (Guardian)** : \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
(If different to camper)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email \_\_\_\_\_

**Mother (Guardian)** : \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
(If different to camper)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email \_\_\_\_\_

Name and Address of preferred Counselor/Parent correspondence \_\_\_\_\_  
Name

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Extended Family \_\_\_\_\_  
Name Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Work : \_\_\_\_\_

Check if invoice is to be mailed to extended family address.

Do you allow your son to watch R rated movies YES NO

To help our staff  
get to know your  
son please attach  
a photo

**Emergency Contact #** (Other than parents) \_\_\_\_\_  
Home Work Cell  
**Name & Relationship to Camper** \_\_\_\_\_

- 1) We understand there are risks of injury inherent in camp activities. Therefore, we agree to release and not hold Camp Carolina or its employees liable for accidents that may occur on or off the camp property during our son's stay here.
- 2) I give my permission to the physician selected by the Camp Administration to hospitalize and/or properly treat my child in the event I cannot be contacted.
- 3) Camp may use photos and video of our son participating in camp activities for promotional purposes.
- 4) We have read and understand the important information and agree to abide by Camp Carolina's policies.

Registration fee of \$700 enclosed \$250 of which is non-refundable. I understand \$500 is required by Oct 1, \$500 by Dec 1, \$500 by Feb 1 and the balance is due by April 1. **Please ensure the camper's name is on the check.**

\_\_\_\_\_  
Parent/Guardian's Signature Date

# TO BE COMPLETED BY CA APPLICANT ONLY

Check any of the following qualifications you have earned and indicate expiration dates:

CPR \_\_\_\_\_ Lifeguard \_\_\_\_\_ First Aid \_\_\_\_\_ Kayak Cert \_\_\_\_\_  
Canoe Cert \_\_\_\_\_ Other (list) \_\_\_\_\_

Please update the following:

Do you have any tattoos? \_\_\_\_\_ Describe \_\_\_\_\_

Are you willing to keep them hidden from the campers and staff the entire time you stay in a small 'close-quarters' community? \_\_\_\_\_

Do you have any body/nose/ear/etc piercing? \_\_\_\_\_

Describe \_\_\_\_\_

Are you willing to take them out and keep them hidden from the customers, only wearing them on your time off? \_\_\_\_\_

Do you use tobacco? \_\_\_\_\_

Do you use alcoholic beverages? \_\_\_\_\_

Do you have any convictions for traffic violations? \_\_\_\_\_

Explain \_\_\_\_\_

Has your driver's license ever been suspended? \_\_\_\_\_

Explain \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

Explain \_\_\_\_\_

Have you ever been addicted to or treated for chemical dependence? \_\_\_\_\_

Explain \_\_\_\_\_

If asked to take a Drug Test would you be willing to do so upon initial arrival or if you were suspected by the administration for any reason?

\_\_\_\_\_

Have there been any changes in you general health? \_\_\_\_\_

Explain \_\_\_\_\_

(A completed physical form supplied by us is required before the camp session begins.)

Please indicate the age group with which you would be most comfortable as a Cabin Counselor:

7-9 \_\_\_\_\_ 10-12 \_\_\_\_\_ 13-14 \_\_\_\_\_ 15-16 \_\_\_\_\_ No Preference \_\_\_\_\_

Use additional paper for the following questions if necessary:

LIST any additional experience that you have had with children over the past year:

What suggestions do you have to improve the camp community or the camper experience?

In what specific ways do you feel you can contribute to a successful summer at Camp Carolina? *Cite previous summer as a guide!*

Why do you want to work at Camp Carolina again?

Is there any reason you might change your mind about your commitment to work at Camp Carolina before the arrival date you have given us, or any reason you might leave before the ending date of your contract?

Is there anything else we should have asked you?

Signature \_\_\_\_\_ Date \_\_\_\_\_