

**APPLICATION**  
**CUMBERLAND YOUTH FOUNDATION DAY PLAYERS CAMP**  
MAY 29<sup>th</sup> – AUGUST 3<sup>rd</sup>, 2018  
7:00 AM – 6:00 PM MONDAY THRU FRIDAY  
1505 NORTH MOORE ROAD  
CHATTANOOGA, TN 37411  
PHONE (423) 698-2556 FAX (423) 629-6683

**PLEASE READ THE FOLLOWING AS THE APPLICATION PROCESS HAS CHANGED!**

A \$200 deposit per child is required along with your application to reserve a spot for camp. Please visit [www.firstcumberland.com/summer](http://www.firstcumberland.com/summer) and click on Dayplayer Payment following the submission of your application to pay your deposit. *We request that all deposits be made via our website.* If an application is received but no deposit is paid, a spot for camp will not be reserved.

The \$200 deposit will be applied to your camp fee and is non-refundable after May 1<sup>st</sup>.

All camp fees must be paid in full no later than Tuesday, May 22, 2018. *We request that all Dayplayer camp fees be paid via our website.*

CHILD'S FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME CHILD GOES BY: \_\_\_\_\_ DOB: \_\_\_\_\_

GRADE YOUR CHILD WILL BE GOING INTO \_\_\_\_\_

WILL YOUR CHILD BE ATTENDING:

( ) FULL TIME \$975 (if paid by April 6<sup>th</sup> Early Bird rate of \$925 applies)

( ) PART TIME 3x week \$775 ( ) PART TIME 5 weeks \$700 ( ) WEEKLY \$155 per week

T- SHIRT SIZE (CIRCLE ONE): YOUTH: (XS) (S) (M) (L) (XL)

ADULT: (S) (M) (L) (XL)

**PARENT/GUARDIAN INFORMATION**

\_\_\_\_\_  
MOTHER'S FULL NAME

\_\_\_\_\_  
FATHER'S FULL NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE NUMBER

\_\_\_\_\_  
HOME PHONE NUMBER

\_\_\_\_\_  
EMPLOYER

\_\_\_\_\_  
EMPLOYER

\_\_\_\_\_  
WORK OR CELL PHONE NUMBER

\_\_\_\_\_  
WORK OR CELL PHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
EMAIL ADDRESS

**\*\*PLEASE PUT THE EMAIL ADDRESS YOU CHECK MOST FREQUENTLY.\*\***

**HOW DID YOU HEAR ABOUT US? (for new families only)**

- Newspaper                                       Magazine  
 Flyer/Mailer                                       Friend – Referred by: \_\_\_\_\_  
 Other (please explain): \_\_\_\_\_

***CHANGES ARE BEING MADE FOR THE 2018 CAMP SEASON WITH REGARDS TO C CHILD PICK UP. IT IS ESSENTIAL THAT YOU LIST ANY ADULT YOU MAY WISH TO HAVE PICK UP YOUR CHILD. ANYONE WHO IS NOT LISTED WILL NOT BE ALLOWED TO PICK UP YOUR CHILD.***

**TRANSPORTATION PLAN:** To insure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child.

\_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER                                      PHONE NUMBER

**EMERGENCY INFORMATION:** (We do not have medical facilities but may need information in case of accident or illness.)

**NAME OF PERSON AUTHORIZED TO ACT FOR PARENT IN AN EMERGENCY. (IF A PARENT CANNOT BE REACHED.)**

\_\_\_\_\_  
NAME    PHONE NUMBER  
\_\_\_\_\_  
ADDRESS    CITY                                      STATE                                      ZIP

**In divorce situation, the parent with legal custody is:**

\_\_\_\_\_  
NAME    DAYTIME PHONE NUMBER

**OTHER CHILDREN IN FAMILY:**

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION:**

\_\_\_\_\_  
NAME OF PRIMARY CARE PHYSICIAN                                      OFFICE PHONE NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY    STATE                                      ZIP

1. Is your child allergic to any medications?

If so, name:

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2. Does your child have any food allergies and/or any other severe allergies?

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3. Does your child take any medications on a regular basis? If so, please provide name and schedule.

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4. In case of an emergency your child will be taken to T.C. Thompson Children's Hospital unless otherwise noted below:

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5. Health Insurance Provider \_\_\_\_\_

Primary Insurance Holder \_\_\_\_\_ ID # \_\_\_\_\_

Group # \_\_\_\_\_

6. Please note any other medical or personal information you feel we should know about your child.

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7. Has your child had swimming lessons and how would you rate his/her skills?

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8. Is your child overly sensitive to the sun? \_\_\_\_ YES \_\_\_\_ NO

Please initial beside each of the following items showing you have read and understand the policies listed:

\_\_\_\_\_ **Refund Policy:**

*No refunds will be given under the following circumstances: 1) voluntary withdrawal of a child from camp, 2) dismissal of a child from camp due to disciplinary issues. Refunds for extenuating circumstances (family emergency/crisis) will be determined on a case by case basis.*

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

*In order to facilitate an environment of respect between Dayplayer staff and parents/guardians we request all communications be carried out in a respectful and appropriate manner.*

ALL INFORMATION PROVIDED IS TRUE. THE CYF STAFF HAS PERMISSION TO SEEK MEDICAL ATTENTION FOR THE ABOVE MENTIONED MINOR IN CASE OF EMERGENCY. YOUR SUBMISSION OF THIS FORM GRANTS FIRST CUMBERLAND PRESBYTERIAN CHURCH PERMISSION TO USE YOUR CHILD'S PHOTO OR LIKENESS ON SOCIAL MEDIA PLATFORMS AND ADVERTISING.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS OR ADDITIONAL INFORMATION:

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**\*\*PLEASE NOTE:**

**THERE WILL BE A MANDATORY NEW PARENT ORIENTATION MEETING ON TUESDAY, MAY 22<sup>nd</sup> AT 6:00 PM IN THE FELLOWSHIP HALL.**