



Ready for exciting summer adventure! Join Bannockburn Christian Academy's *Academic Adventures!* BCA has opened this summer camp to all enrolled 2nd through 5th grade adventurers.

This fun and educational experience will be led by certified guides to ensure your camper receives the most out of their *Academic Adventure*.

Contact the Academy's Main Office at 512.892.2706 or email kimg@bcaaustin.org for more information. **This form must be returned to the Academy's Main Office by Friday, July 15th.** Join the adventure today!

CAMPER INFO

First Name	Last Name	2010-11 Grade	D.O.B.
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Please check the camp(s) your camper be attending **Monday, July 25th – Friday, July 29th:**

_____ **Language Arts Adventure** (8:00-10:00 AM) | \$125.00 per camper

_____ **Math Adventure** (10:00-12:00 PM) | \$125.00 per camper

_____ **Math & Language Arts Adventures** (8:00-12:00 PM) | \$200.00 per camper

PARENT/GUARDIAN INFO

First Name	Last Name	Relationship to Camper		
Home Phone	Work Phone	Cell Phone		
Daytime Street Address	City	State	Zipcode	
Email Address	What is the best method to contact			

EMERGENCY CONTACT #1

First Name	Last Name	Relationship to Camper
Home Phone	Work Phone	Cell Phone

EMERGENCY CONTACT #2

First Name	Last Name	Relationship to Camper
Home Phone	Work Phone	Cell Phone



PHOTO RELEASE

Bannockburn Christian Academy has my consent to publish photographs of my child for public relations. **YES NO**

MEDICAL RELEASE

I hereby give permission for Bannockburn Christian Academy to seek medical treatment for any emergencies in the unlikely event of an injury or illness during camp or camp-related events until I can be reached.

Parent/Guardian SIGNATURE

Parent/Guardian PRINT

Date

Hospital Preference

Child's Physician/Phone Number

Please list any allergies and/or medication your child is taking (or will be taking during camp) and any other pertinent medical information (ie. asthma). If your child will be taking medication during camp, please list the dosage, how and when the medicine is to be administered, as well as the method in which the medicine is given to the camper.

PICK UP/DROP OFF INFO

Please PRINT legibly the names, contact phone number and relationship to the child of everyone you will permit to pick up your child. **Please do not forget to include yourself!** Bannockburn Christian Academy will only release students to the individuals listed below.

Name	Phone #	Relationship to Child

LIABILITY RELEASE

I, the undersigned parent or legal guardian, release Bannockburn Christian Academy, or any other person acting on their behalf, from liability for any bodily injury sustained and loss or damage of any personal article while on the premises or participating in any activity sponsored by Bannockburn Christian Academy.

Parent/Guardian Signature

Date