WHATADAY!

Classes are kept small and popular courses fill quickly!

Mailing Address for AASTC Forms
All-Arts, Sciences & Technology Camp
UNCG Division of Continual Learning
PO Box 26170
Greensboro, NC 27402-6170

- Signatures Required
- Look for Special Announcements
Final confirmation materials will be posted on our All-Arts, Sciences & Technology Camp Web site [allarts.uncg.edu] around mid-May. These materials will explain arrangements for Sunday check-in, directions to the camp, a campus map, what to pack, how to send mail, etc.

After we process your application form, we will send you a Billing Statement. Please check the Billing Statement immediately in case corrections need to be made. Look carefully at the courses, camper age, roommate, etc. Notify us immediately if you have any questions or corrections.

The registration staff will process registrations in the order they are received. The Billing Statement will be sent as soon as your child is registered. Due to the volume of registrations received, this process could take up to two weeks.

On your Billing Statement, please note the Final Payment Due Date. Your final payment needs to be received by our office on or before that date. Please return your final payment with the bottom portion of your Billing Statement.
Check the camp you wish to attend:  
- NC State: July 19-24, 2015
- UNCG: July 26–31, 2015

If the camp selected is full, please:  
- Call me  
- Return my registration
- Assign my camper to:  
  - NC State
  - UNCG

Are you a former AASTC camper?  
- Yes  
- No

**CAMPER:**

**LAST Name ______________________________________   First Name ____________________________   M.I. ______**

**Name Camper Goes By _____________________________     Date of Birth ______/______/______**

**Home Address ________________________________________  City _____________________    State ________      Zip _______**

**Parent E-mail  ________________________________________      Camper E-mail ______________________________________**

______________________________     (_____)_______________     (_____)_________________     (_____)_________________

Parent/Guardian Name                                                          Home Phone                                                Cell Phone                                                        Work Phone

______________________________     (_____)_______________     (_____)_________________     (_____)_________________

Parent/Guardian Name                                                          Home Phone                                                Cell Phone                                                        Work Phone

Names of brothers and/or sisters attending camp:  

**Grade level:** In Fall 2015 my camper will be in the ______ grade.

Camper preference:  
- Overnight Camper
- Day Camper (8:30 am–9:00 pm)

Assign to the following “Course Grade Level”:  
- Grades 2nd through 5th
- Grades 6th and up

**Course Selection:** List 10 course selections (1-10) in order of preference using the 3-letter brochure codes. We will assign the first two available classes from your choices. Although every effort will be made to place your child in preferred courses, we cannot guarantee those choices. Courses may close early due to maximum enrollments; others may be cancelled due to low enrollment.

**Required: List 10 courses**

1. _____  _____  _____  4. _____  _____  _____  7. _____  _____  _____
2. _____  _____  _____  5. _____  _____  _____  8. _____  _____  _____
3. _____  _____  _____  6. _____  _____  _____  9. _____  _____  _____

**FREE Camp T-shirt:** Each camper will receive 2 free camp T-shirts:

**YOUTH:**  
- Large  
- Small  
- Medium  
- Large  
- X-Large  
- XX-Large

**ADULT:**

Day Camper Schedule:  
8:30am–9:00pm

**ROOMMATE REQUIREMENTS:**

Roommate must meet all 3 requirements:  
1. the same gender
2. approximately the same age
3. enrolled in the same course grade level

**Example:** If you are taking 2nd–5th grade courses, then your roommate must be taking 2nd–5th grade courses.

**Roommate Name:** LAST _________________________   First _________________________  Goes by _________________________

**Home Address ________________________________________  City _____________________    State ________      Zip ____________**

I have contacted this camper and he/she has agreed to be my roommate:  
- YES  
- NO

Roommate Phone (_____)_________________________________
2015 All-Arts, Sciences & Technology Camp Registration Form

CAMPER: LAST Name ___________________________ First Name ___________________________ Goes by ___________

CHOOSE ONE OF THE FOLLOWING THREE PAYMENT PLANS:

$_______ $250 Camp Non-refundable Deposit Only  Discounts may not be applied to the $250 deposit. Remaining balance due on or before the final payment due date.
☐ Deduct $50 discount (off final bill) for registering before February 15, 2015
☐ Deduct $40 per attending sibling discount (off final bill)

$_______ Total Payment • Overnight Camp Fee  (includes non-refundable $250 deposit and/or discounts)
☐ Deduct $50 discount for registering before February 15, 2015
☐ Deduct $40 per attending sibling discount  Sibling name(s) ____________________________
  Residential Fees:  $799: NC State & UNCG

$_______ Total Payment • Day Camp Fee  (includes non-refundable $250 deposit and/or discounts)
☐ Deduct $50 discount for registering before February 15, 2015
☐ Deduct $40 per attending sibling discount  Sibling name(s) ____________________________
  Day Camp Fees:  $499: NC State & UNCG

CAMP PAYMENT: Please do not fax your registration or credit card information.
Final Payment Due Dates: NC State—June 22, 2015 • UNCG—June 29, 2015

$_______ Total Amount Enclosed  [If applicable, camp fees will be invoiced.]
☐ Check enclosed (make check payable to: UNCG)
☐ VISA ☐ MasterCard  Card Number ____________________________  Exp. Date __________
  Cardholder:  Print Name ____________________________  Signature ____________________________
  Cardholder:  Street/PO Address _______________________________________________________________________________
  City _______________________________________________  State _____________  Zip __________________

CAMP POLICIES:

Video/Photo Release  As a condition of enrollment, I understand that from time to time photographs may be taken of my child engaged in various camp activities. My signature below indicates my knowledge that such photographs/images may exist and expressly serves as a waiver allowing AASTC to use these photographs/images in promotional materials without monetary compensation for the use of such photographs/images.

Cancellation Policy  I have read and understand the Refund/Cancellation Policies. I also understand that the deposit of $250 is non-refundable. Last dates to cancel for partial refund: NC State—June 22, 2015 • UNCG—June 29, 2015

Camper Policy  In an effort to ensure the safety and enhance the positive camp experience of each camper and to comply with state and local laws governing educational institutions and in accordance with University rules and regulations, the Division of Continuing Learning has established the following policies:

A camper may be expelled from camp without refund for violation of the following rules:
1. Leaving the campus without explicit permission of the Director or his/her delegate.
2. Disruptive behavior that endangers or detracts from others’ camp experience.
3. Use or possession of tobacco products.

A camper may be expelled from camp without refund and may be subject to prosecution for violation of the following rules:
4. Use or possession of illegal drugs or alcohol.
5. Possession of firearms or any other weapons as defined by NC and General Statutes.

I have read, understand, and agree to the terms above.

Parent/Guardian Signature ___________________________________________  Date _____/_____/2015
Camper Signature ___________________________________________________  Date _____/_____/2015
Friday Festival & Departure

First Name _________________________________   Last Name _________________________
Goes by ____________________________________  Grade Entering Fall 2015 __________

On the morning of the Friday Festival, I plan to pick my child up at:

- [ ] 7:30 am  
- [ ] Between 11:00 am and 12:00 noon  
- [X] After 12:00 noon—by what time? _______________

[A]fter 12:00 noon there is a $25.00 fee to cover late pick-up. The absolute latest pick-up time is 1:30 pm.

People authorized to pick up my camper:

1. _________________________________ Relationship to camper ______________________
2. _________________________________ Relationship to camper ______________________

[ ] NC State
[ ] UNCG

Check camps your camper is attending:

Parent/Guardian Signature __________________________________________________________ Date ____/____/20____

Camper Profile

To help your child’s counselor provide a better camp experience, please respond to the following questions.

• What does your camper like to do? ________________________________________________

• Does your camper have any special talents? ________________________________________

• Previous camp experience: ______________________________________________________

• Has your camper attended a sleepaway camp before?  [ ] NO  [ ] YES

• Is your camper likely to experience homesickness?  [ ] NO  [ ] YES

If yes, how would you like us to handle it? __________________________________________

• Does your camper have any anxiety or concerns about attending this camp?  [ ] NO  [ ] YES

If yes, please explain: _____________________________________________________________

• Does your camper have any special medical needs? _________________________________

• Will your camper be taking any medication during camp?  [ ] NO  [ ] YES

If yes, please list medications: ____________________________________________________

• Please share any other information that may help us make your camper’s AASTC experience better. _________________________________________________

• Why does your camper want to attend this camp? __________________________________

Recent Photo

Write your camper’s name on the back of the photo.  
Staple or tape the photo here.

This photo will be used by our counselors to become familiar with campers and for identification purposes.
Photos will not be returned.
MEDICAL FORM 2015

Check camps your camper is attending:

☐ NC State
☐ UNCG

LAST Name __________________________   First ____________________   Goes by _________________

Male   Female   Date of Birth: _____/_____/_____

1st Parent/Guardian ________________________________________________ Home # (_____) _____________________ Best time to be reached _____________
Work # (_____) Best time to be reached ____________________
City ____________________ State ________  Zip ____________

2nd Parent/Guardian ________________________________________________ Home # (_____) _____________________ Best time to be reached _____________
Work # (_____) Best time to be reached ____________________
City ____________________ State ________  Zip ____________

Family Physician ________________________ Phone (_____)__________________
Dentist/Orthodontist _________________ Phone (_____)__________________
Medical Insurance Carrier _________________________________ Carrier Address ______________________________________________________________________
Policy/Group # _______________________________________________________ Phone (_____)____________________________

Chronic or recurring illness or medical condition ______________________________________________________________________________________________________________

The applicant is under the care of a physician for the following condition(s) ______________________________________________________________

Explanation of any reported loss of consciousness, convulsion, or concussion ________________________________________________________

For Female: Has this person menstruated? ☐ NO ☐ YES   IF NO, has she been told about it? ☐ NO ☐ YES Special Consideration _________________________________

Any treatment to be continued at camp: ☐ NO ☐ YES, explain ________________________________________________________________________________________________

Any medication to be administered at camp: ☐ NO ☐ YES, explain ________________________________________________________________________________________________

Any medically prescribed meal plan or dietary restrictions: ☐ NO ☐ YES, explain ________________________________________________________________________________________________

Any allergies (food, drugs, plants, insects, etc.): ☐ NO ☐ YES, explain ________________________________________________________________________________________________

Activities to be encouraged or limited: ☐ NO ☐ YES, explain ________________________________________________________________________________________________

Current weight: _____________

HEALTH HISTORY: Check all that apply

☐ Frequent ear infections ☐ Heart defect/disease ☐ Bleeding/clotting disorders ☐ Diabetes ☐ Hypertension ☐ Chicken pox ☐ Mononucleosis

☐ Asthma ☐ Hay fever ☐ Ivy poisoning, etc. ☐ Asthma ☐ Penicillin allergy ☐ Seizure (last seizure date) ____________________ ☐ Allergies requiring EpiPen

☐ Other (specify) __________________________________ ☐ Prescription drugs ____________________

OVER-THE-COUNTER MEDICATIONS WE CAN ADMINISTER:   NOTE: Parents must provide pediatrician-recommended medications for campers under age 12.

Pain/fever: ☐ Acetaminophen ☐ Ibuprofen  Upset stomach: ☐ Tums ☐ Pepto-Bismol  Diarrhea: ☐ Imodium ☐ Pepto-Bismol

Cough/cold/allergy: ☐ DayQuil/NyQuil ☐ Sudafed/Loratadine  Other:________________________________

I am the parent/guardian of the above named child, and give consent for my child to attend the All-Arts, Sciences & Technology Camp. I understand that my child's participation will include some physical activity. I acknowledge that injuries may occur as a result in the participation in this camp, and I accept that consequence. I have advised our family physician that my child wishes to participate in the AASTC, and our physician has approved of this participation. I authorize camp personnel to act according to their best judgment to provide medical care. I give permission for a physician or hospital emergency room to administer the necessary care. I give permission to camp staff health professionals to view and maintain my camper’s medical records during camp and to share them with medical personnel in case of an emergency. I understand and agree that I am responsible for any charges for medical treatment.

Parent/Guardian Signature __________________________________________ Date ____/____/2015