WHATADAY!

Classes are kept small and popular courses fill quickly!

Mailing Address for AASTC Forms
All-Arts, Sciences & Technology Camp
SERVE INC.
5900 Summit Ave #201
Browns Summit, NC 27214-9860

• 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 early June. These materials will explain arrangements for Sunday check-in, directions to the camp, a campus map, what to pack, how to send mail, etc.

**Registration Checklist**
Please look over this checklist before sending us your application. Did you:
- pick a tuition payment plan? (1, 2, or 3)
- complete all forms thoroughly?
- list 10 course selections?
- include a payment?
- include all required signatures? Registrations will not be processed without all signatures

**Final Payment Due Dates**
All payments need to be received on or before the dates listed below:
- UNC Greensboro: June 30, 2016

**Final Confirmation**

**Billing Statement**
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.
**2016 All-Arts, Sciences & Technology Camp Registration Form**

**Check the camp you wish to attend:**  
☐ UNCG: July 24-29, 2016

**If the camp selected is full, please:**  
☐ Call me  
☐ Return my registration  
☐ Assign my camper to:  
☐ UNCG

**Are you a former AASTC camper?**  
☐ Yes  
☐ No

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**CAMPER:**  
LAST Name __________________________   First Name _________________________   M.I. ______

Name Camper Goes By _____________________________  
Date of Birth ______/______/______  
M | F

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: In Fall 2016 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


**Day Camper Schedule:**  
8:30am–9:00pm

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

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

**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 (_____)__________________________________

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Side 1

[Image 412x363 to 454x426]

[Image 36x725 to 86x772]
2016
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 19, 2016

$______ Total Payment • Overnight Camp Fee (includes non-refundable $250 deposit and/or discounts)

☐ Deduct $50 discount for registering before February 19, 2015

Residential Fees: $850: UNCG

$______ Total Payment • Day Camp Fee (includes non-refundable $250 deposit and/or discounts)

☐ Deduct $50 discount for registering before February 19, 2016

Day Camp Fees: $550: UNCG

CAMP PAYMENT: Please do not fax your registration or credit card information.

Final Payment Due Dates: UNCG—June 30, 2016

$______ Total Amount Enclosed [If applicable, camp fees will be invoiced.]

☐ Check enclosed (make check payable to: SERVE, Inc)

☐ VISA ☐ MasterCard Card Number _____________________________ Exp. Date __________

Cardholder: _____________________________

Signature ______________________________________________________________________

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: UNCG—June 30, 2016

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 Continual Learning has established to 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 ____/____/2016

Camper Signature ________________________________________________ Date ____/____/2016
Friday Festival & Departure

First Name ___________________________ Last Name ___________________________

Goes by ___________________________ Grade Entering Fall 2016 __________

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 ☐ After 12:00 noon—by what time? _______________

After 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 ___________________________

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 2016

Check camps your camper is attending:

I 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 _____________ Cell # (_____) ____________________ Best time to be reached _____________

Home Address ____________________________________________ City __________________________ State ________ Zip ____________

2nd Parent/Guardian ____________________________________________ Home # (_____) ____________________ Best time to be reached _____________

Work # (_____) ______________ Best time to be reached _____________ Cell # (_____) ____________________ Best time to be reached _____________

Home Address ____________________________________________ 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 [ ] Other (specify) __________________________________

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 ____/____/2016