



CREATE LEARN DISCOVER MOVE

## Summer Camp Application

AtlantaAchievers@gmail.com

404-755-1300

3350 Greenbriar Pkwy SW,  
Atlanta, GA. 30331

Student Information		Approximately how many weeks of camp needed?	Date:
Last Name			
First Name			
Middle Name		Sex	
Home Address			
Date of Birth	Age	Child lives with: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____	
Is student current on vaccinations?    Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, do you have a religious exemption?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does student have any health problems or allergies?    Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, explain	
Is your child on any daily prescribed medication?    Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, explain	
Does your child have any physical restrictions?    Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, explain	
Does student have any diet restrictions?    Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, explain	
Parent/Guardian Information			
Parent #1		Parent #2	
Name		Name	
Relationship to Student		Relationship to Student	
Home Address		Home Address	
Cell Phone#		Cell Phone#	
Cell Phone Carrier		Cell Phone Carrier	
Place of Employment		Place of Employment	
Work Phone#		Work Phone#	
E-mail		E-Mail	

I am aware of the policies of The Atlanta Achievers Academy, which governs my child. **I understand that all fees including initial fees are non-refundable.** To the best of my knowledge, the information provided in this application is accurate and true.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Camp Achievers

## Summer Camp

### Authorization and Consent/ Student Release/Emergency Contact

**Student's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

#### EMERGENCY AUTHORIZATION:

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I understand that the emergency contacts listed below will be called.

Emergency Contact #1	Emergency Contact #2
Name	Name
Cell Phone#	Cell Phone#
Home Phone #	Home Phone #
Relationship to child	Relationship to child
Relationship to parent	Relationship to parent

#### STUDENT RELEASE AUTHORIZATION:

I hereby grant The Atlanta Achievers Academy permission to release my child to the person (s) signing this agreement, and to the person (s) listed on this form. I understand that my child WILL NOT be release to anyone other than these persons unless otherwise authorized in writing. I understand that photo identification will be required of any person picking up student.

Authorized Pick-up #1	Authorized Pick-Up #2
Name	Name
Address	Address
Phone#	Phone#
Relationship to child	Relationship to child
Relationship to parent	Relationship to parent

#### MEDICAL AUTHORIZATION:

I hereby grant The Atlanta Achievers Academy permission to take whatever action in its judgment may be necessary to supplying emergency medical services to the applicant. I understand that, consistent with the circumstances of the situation and available time, The Atlanta Achievers Academy will attempt to contact and follow the instruction of the parent or guardian physician or other person(s); we herby grant permission to The Atlanta Achievers Academy to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. I herby agree that we will solely be responsible for and will promptly pay any expenses, which may be incurred by The Atlanta Achievers Academy in making emergency medical treatment available to the student. I give The Atlanta Achievers Academy permission to transport the student in a The Atlanta Achievers Academy vehicle, vehicle of its personnel or by ambulance in case of an emergency.

Medical Center the school uses:

**Hughes Spalding Children's Hospital,  
80 Jesse Hill Jr. Drive, SE, Atlanta, GA 30335-3801**

Student's Physician:	
Phone Number	
Child's Health Insurance Carrier	
Policy Number	

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_