

Community Christian Academy

Summer Camp 2018 Application

4706 Park Center Avenue NE, Lacey, WA98516

Phone: 360-493-2223 Fax: 360-412-0910

Email: cca@foundationcampus.org

Website: www.olympiachristianschool.org

**FOR STUDENTS ENTERING 1ST – 7TH GRADE
IN SEPTEMBER 2018.**

1. Complete the entire Summer Camp Enrollment Application
 - o 2018 Student Application
 - o Parent Commitment Form
 - o Release Waiver
 - o Limited Power of Attorney/Health Information Form
2. Return completed Summer Camp Application to the CCA Office.
3. All payments are made through the FACTS Tuition Management System. Information on accessing the FACTS system can be found on our website, www.olympiachristianschool.org. You will receive invoicing through the FACTS system for registration and your summer camp tuition after enrollment information has been processed.

CCA Mission Statement

To prepare students to impact their world for Christ by:

Equipping

them with sound education, by

Empowering

them with a Biblical Worldview, and by

Inspiring

them through Godly leadership

(Page is intentionally left blank)

Community Christian Academy – Summer Camp Application

Student Information:

Student Name: _____

Grade Just Completed: _____ DOB: _____

Student Address: _____
Street Address City State Zip

Home Phone: _____

Father/Guardian: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Mother/Guardian: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Stepparents if applicable: _____

Student Lives With: Mom Dad Both Guardian

Who has legal custody of the child?

**Please note: The school office needs to be notified as to any restrictions regarding the student. Copies of Court documentation may be required.*

Camp T-Shirt Size: Youth S Youth M Youth L Youth XL

Summer Camp Attendance: *Please check all that apply.*

- | | | |
|---|--|---|
| <input type="checkbox"/> Week 1 June 18-22 | <input type="checkbox"/> Week 2 June 25 – 29 | <input type="checkbox"/> Week 3 July 2-6 (closed July 4 th) |
| <input type="checkbox"/> Week 4 July 9-13 | <input type="checkbox"/> Week 5 July 16-20 | <input type="checkbox"/> Week 6 July 23-27 |
| <input type="checkbox"/> Week 7 July 30-Aug 3 | <input type="checkbox"/> Week 8 Aug 6-10 | <input type="checkbox"/> Week 9 Aug 13-17 |
| <input type="checkbox"/> Week 10 August 20-24 | | |

My child will arrive at _____ A.M. and be picked up by _____ P.M.

I am interested in Extended Care the week(s) of:

- June 11-15 August 27-31

This application must be completely filled out before it can be processed. The Summer Camp Registration Fee and Payments will be invoiced via the FACTS Tuition Management System.

Participation

I/We give permission for my child to take part in school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school related activity.

Statement of Faith:

We Believe:

- In one God, creator, and sustainer of all things, eternally existent in three persons – Father, Son, and Holy Spirit. (Deut. 6:4, Matt. 3:16-17, John 14:6-27, 1 Cor. 8:6, 2 Cor. 13:14, Gal. 4:4-6, Eph. 2:13-18)
- In the deity of our Lord Jesus Christ; in His virgin birth; in His sinless life; in His vicarious death, resurrection and ascension to the right hand of God the Father. (Isa. 7:14, Matt. 1:20-25, Acts 1:9-10, Rom. 8:34)
- In the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life. (John 7:39, 14:15-18, Acts 2:33, 15:8-9, 1 Pet. 1:2, 1 John 3:24, 4:13)
- In the divine inspiration of the Bible, our all-sufficient, authoritative rule of truth, faith, and conduct. (Luke 24:44-47, John 10:35, 1 Cor. 15:3-4, 2 Timothy 3:15-17, 1 Peter 1:10-12, 2 Peter 1:20-21)
- That all people have sinned and that only by God's grace and through faith alone we are saved. (Eph. 2:8-9, John 8:34-36, 16:8-9, Rom. 3:23, 6:15-23, 1 John 1:9, 2:4, 3:7-10)
- In the second coming to earth of the Lord Jesus Christ and in the resurrection of both the saved and the lost; those who are saved to the "resurrection of life" and the lost to the "resurrection of judgment". (Matt. 25:31-46, John 5:29, John 14:1-3, Acts 1:9-11, Rev. 22:7-20)
- In the spiritual unity of all believers in our Lord Jesus Christ (Matt. 8:11, John 13:35, 17:14-26, Rom. 4:16, 10:9-15, 12:1-8, 1 Cor. 3:5-9, Gal. 5:6, 13-14, Rev. 5:9-10)

Standard of Conduct

I appreciate and uphold the standards of the school and do not tolerate profanity/obscenity in word or action, dishonor to God and the Word of God, or disrespect to the personnel of the school. I hereby agree to support CCA's Mission Statement, Statement of Faith and all regulations of the school. I authorize this school to employ discipline, as it deems wise and expedient for the training of my child. I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

Student Photo Release Statement

I hereby give Community Christian Academy or Northwest Christian High School all rights of every kind and character whatsoever in and to all work, poses, acts, plays and appearances made by my child for the pamphlets, videotape and/or program, as well as in and to the right to use my child's photographs, either still or moving, for commercial and advertising purposes in connection therewith. I further give the right to reproduce in any manner whatsoever any recordings made by my child's voice and all instrumental, musical, or other sound effects produced by my child.

Includes, but not limited to: Promotional Video, School promotional pamphlet, Video-Taped School Activities, or use on school website.

Please initial below if you DO NOT wish your child's photograph or voice to be used in promotional items.

_____ I/We DO NOT wish my/our child's photograph or voice to be used in promotional items for Community Christian Academy/Northwest Christian High School or Northwest Christian Private Schools.

Non-Discrimination Policy

Northwest Christian Private Schools, also known as Community Christian Academy and Northwest Christian High School, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to its students. The school does not discriminate on the basis of race in administration of its educational policies, admissions policies, scholarship and grant programs, and athletic and other school administered programs.

Financial Responsibility:

I/We hereby commit to pay all financial obligations on or before due date. I/We understand that:

- Registration fees and Camp fees are **not** refundable.
- All payments must be made via FACTS Management and paid prior to the child attending camp.
- There is a service fee for all NSF returned items.
- LATE PICK UP FEE— If I do not pick up my child by 6:00 pm a late fee will be incurred.

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date

Community Christian Academy

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

In consideration of participating in the Community Christian Academy SUMMER CAMP, I represent that I understand the nature of this activity and that my child is qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if my child believes event conditions are unsafe, they will immediately discontinue participation in the activity. I fully understand that:

1. Risks and dangers exist in my or my child's participation in SUMMER CAMP activities & games;
2. My participation or my child's participation in such activities and/or use of such equipment may result in my injury or my child's injury including but not limited to serious bodily injury, including permanent disability, blindness, eye injury, paralysis and death;
3. These risks and dangers may be caused by my own actions, or interactions, my child's actions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "Releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and
4. By my or my child's participation in these activities I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation and my child's participation, in any activity at Community Christian Academy.

I, on behalf of myself, my personal representatives and my heirs, hereby release, waive, discharge, hold harmless, and covenant not to sue Community Christian Academy, Northwest Christian High School, Foundation Campus, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, and sponsors, advertisers, owners and lessors of premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, actions, demands, losses, or damages, on my account, my child's account, caused or alleged to be caused in whole or in part by the negligence of the "Releasees" for any bodily injury, property damage, wrongful death, loss of services or other circumstances which may arise out of my or my child's attendance at SUMMER CAMPS or my participation in SUMMER CAMP.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of the agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. AND, I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees. I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost and Releasees may incur as the result of such claim.

Printed Name of Camp Participant

Printed name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Best Contact Phone Number

2018 - 19 LIMITED POWER OF ATTORNEY FOR EMERGENCY MEDICAL CARE

TO WHOM IT MAY CONCERN:

I _____ (the natural parent or legal guardian) hereby give permission that my
child, _____
(Please Print Child's First Child's Middle Child's Last)
(Print Legal Guardian's Name)

may be given emergency treatment to include first aid and CPR by a qualified emergency medical or first aid caregiver. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Name: _____
Parent/Guardian Signature Relationship to child Date

Witness: _____
Signature Date

Emergency Phone Numbers:

_____ Name/Relationship	_____ Phone Number	_____ Cell Phone
_____ Name/Relationship	_____ Phone Number	_____ Cell Phone
_____ Name/Relationship	_____ Phone Number	_____ Cell Phone

Student Address:

House Number and Street Address

City State Country Postal Code

Student's Information:

Student's Date of Birth: _____

Insurance Company: _____

Policy/Membership #: _____ Group #: _____

Policy Holder Name: _____

Allergies and/or Important Health Information:

2018-19 HEALTH INFORMATION

STUDENT NAME: _____

Please check any of the following symptoms that have been noted:

- Frequent sore throats Tires easily Frequent earaches Frequent stomach aches
 Frequent headaches Poor appetite Frequent nosebleeds Shortness of breath
 Fainting spells Pain in legs or joints Other: _____

Diseases: *Please check any of the following that the student has or had.*

- 4 or more colds a year Measles Poliomyelitis Tonsillitis
 Pneumonia Ear Infections Chicken Pox Diabetes
 Mumps Eczema Heart Disease Asthma/Hay Fever
 Hernia (rupture) Other: _____

Please explain: List any operation, injuries or deformities:

Physical Date: _____ Physician: _____

Has your child ever been around anyone known to have Tuberculosis?

Are there any remarks regarding your child's health, mental or emotional development you would like to call to our attention?

The answers to the above questions are correct.

Parent Signature: _____ Date: _____