

Please attach a recent photo here.

REQUIRED for Registration

Trim the photo to fit inside this box.



2010 CVP Camper Application

554 McCallie Avenue, Chattanooga, TN 37402
After May 31, please mail to: 3216 Lee Pike, Soddy Daisy, TN 37379
Phone: (423) 648-7936
Web: www.vesperpoint.org Email: cvp@vesperpoint.org

FOR OFFICE USE	
Date: _____	
CK# _____	
Visa	MC
Water Ski	Video

Please Carefully read the Parent Information, located on our website, before registering your camper.

CHOOSE YOUR SESSION & CLINICS

- Session ① Monday, June 14 to Saturday, June 19 (Rising 6-10th) \$475
- Session ② Monday, June 21 to Saturday, June 26 (Rising 3-7th) \$475
- Session ③ Monday, June 28 to Thursday, July 1 (7 yrs - Rising 3rd) \$220
- Session ④ Monday, July 5 to Saturday, July 10 (Rising 3-7th) \$475
- Session ⑤ Monday, July 12 to Saturday, July 17 (Rising 6-10th) \$475
- Session ⑥ Monday, July 19 to Saturday, July 24 (Rising 3-7th) \$475

Rank your top 6 choices in each group, "1" being the most preferred. You will be assigned to your top clinic in each category, depending on availability. Final clinic assignments will be sent to campers before they arrive at camp.

CLINIC GROUP ONE

- Adventure Clinic
- Arts & Crafts
- Baseball/Softball
- Beginner Tennis
- Blob & Inflatables
- Frisbee Sports
- Guitar & Worship
- Kayaking
- Outdoorsman
- Pavilion Sports
- Volleyball
- Water Ski ⚙

⚙ **Water Ski Clinic:**
Additional fee of \$25 required

Visit our website for more information on these clinics

CLINIC GROUP TWO

- Advanced Tennis
- Adventure Clinic
- Arts & Crafts
- Beginner Tennis
- Blob & Inflatables
- Dance
- Fishing
- Instructional Swim
- Kayaking
- Pavilion Sports
- Soccer
- Volleyball
- Water Ski ⚙

CAMPER INFORMATION

Name _____ Age at Camp _____ DOB ____/____/____ Boy Girl

Grade in Fall '10 _____ Current School _____ New Camper Returning

T-Shirt Size - Youth: S M L Adult: S M L Religious Affiliation _____

Camper lives with: Both Parents Father Mother Other: _____

Primary Parent: Name _____ Relationship to Camper _____

Mailing address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone/Pager _____

Best Email _____ Church _____

Parent 2: Name _____ Relationship to Camper _____

Mailing address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone/Pager _____

Do you plan on picking up your child? Yes No If not, then who? _____

Is there anyone who is prohibited from picking up your camper(s)? _____

Last Name _____

First Name _____

M.I. _____

Session _____

OTHER CAMPER INFORMATION

This valuable information can assist our staff in allowing your child to make a smooth, happy adjustment to camp. Our commitment is to never misuse such information or release it to unauthorized persons. Please answer the following questions thoroughly.

Homesickness Bedwetting Sleep-walking Behavioral Concerns Other: _____

Describe: _____

Please list any health conditions, physical or activity limitations your camper may have: _____

Please list anything else you would like to share with us about your camper (strengths, weaknesses, special needs, family issues, etc). Use additional paper if needed: _____

PARENT LIABILITY RELEASE/HOLD HARMLESS AGREEMENT AND AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT

I understand that there may be elements of risk associated with activities at Camp Vesper Point. I give my permission for my child to participate in all activities at camp and hereby release and agree to indemnify and hold harmless First Presbyterian Church of Chattanooga and Camp Vesper Point from any and all claims of any nature arising from such participation. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. I give permission for the nurses to administer "over-the-counter" medications to my child if necessary. I also give my permission for my child to be photographed and video-taped as a result of participation in activities at CVP. In consideration for being accepted by First Presbyterian Church of Chattanooga, Tennessee, for participation in activities at Camp Vesper Point, we (I), for ourselves (myself), on behalf of my child-participant do hereby release, forever discharge and agree to hold harmless First Presbyterian Church, its trustees, officers, employees, agents, and any volunteers acting on its behalf, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in any camp or camp-related activities. Furthermore, we (I), on behalf of our (my) child-participant, hereby assume all-risk of personal injury, sickness, death, damage, and expense as a result of participation in camp or camp-related activities. The undersigned further hereby agree to hold harmless and indemnify said church, its trustees, officers, employees, agents, and any volunteers acting on its behalf, for any liability and/or damages sustained by said church as the result of negligent, willful or intentional acts of said participant, including the expenses incurred attendant thereto. We (I) are the parent (s) or legal guardian (s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said activities, and hereby give our (my) permission to said church, its trustees, officers, employees, agents, and any volunteers acting on its behalf to authorize and obtain emergency medical treatment for this participant, and we (I) assume the responsibility of all medical bills, if any. I hereby give permission to the Camp Director to authorize the needed transportation of my child by ambulance in case of an emergency. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we (I) hereby assume all transportation costs.

X

Signature required for enrollment: I have read, understood and agree with the contents of this application, and in signing above, become the Primary Account Holder acting as the legal guardian and person responsible for payment for this camper.

PAYMENT INFORMATION

Would you like to order a Camp Video of your Session? Add \$10

\$100 Deposit is required for registration. Remember to include any additional costs (water ski and/or video) to your total cost. Please select one of two methods of payment:

1. **Credit Card:** MasterCard Visa Card #: _____ - _____ - _____ - _____

Exp. Date: ____ / ____ CVV Code: _____ (CVV Code is the last 3 digits on back of card) **Total Charge:** _____

Cardholders Name & Address: _____

If you have a balance due, we will not automatically charge your balance on this card. You must call and make this request.

2. **Check:** **Total Amount:** _____ Check #: _____

Last name on check if different from Camper: _____

If someone other than the parent is responsible for payment, or you want your bill sent to a different address, then complete the Alternate Billing section below.

Name: _____ Relationship to Camper: _____

Address: _____

Cabins are assigned according to age, gender and mutual request. You may list **ONE** buddy request. Please do not form a chain request. See "Parent Information" for more details. **ONE BUDDY REQUEST:** _____