General Information- Summer Day Camps

Location:
Rabun Gap-Nacoochee School
339 Nacoochee Drive
Rabun Gap, Georgia 30568

Registration:
Registration is online at www.rabungap.org/summer. Full payment is due at the time of registration. $75.00 of the tuition paid at registration is non-refundable. There will be no refund of tuition after May 1, 2020. A full refund will be granted should a class need to be canceled by the school due to low enrollment or other unforeseen circumstances.

Contact Information:
706-746-7467 is the general switchboard number for the school which should be used regarding questions about camps PRIOR TO camp.

Cell phone numbers of coaches and administrators of the camp will be given to parents upon arrival the first day of camp.

What to Wear:
All sports camp participants need to wear apparel appropriate to their sport. Art Camp participants can wear comfortable summer attire but prepare to possibly get messy!

What to Bring:
All sports camp participants are required to bring a water bottle. For outdoor sports camps, participants are encouraged to also bring a hat and apply sunscreen prior to arriving at camp. For all athletic camps, participants are encouraged to bring appropriate sports gear for their sport.

Campers must leave electronic devices at home so they can be fully immersed in the camp experience. Rabun Gap-Nacoochee School accepts no responsibility for the loss or damage of campers’ personal property, including electronic devices.
Drop Off and Pick Up:
ALL campers should be dropped off at the camp locations and check-in with coaches or camp leaders. There will be no central drop off and check-in point this year, and campers must be picked up at the end of the camp.

Drop-off locations are:
- Girls Soccer Camp & Soccer Camp — Soccer Field
- Baseball Camp — Baseball Field
- Basketball Camp — Andrew Ritchie Gymnasium
- Acceleration and Speed Program — Track
- Cirque Fun, Cirque Clinic, Art Camp — Arts & Technology Building

Camp Director Shannon Carmack will email parents with any changes to the drop-off location.

Only adults on the approved pick up list will be able to pick up the camper. Identification will be required for pick up. If you plan to carpool with another family, please ensure they are listed on your pick up list.

Code of Conduct:
We want Rabun Gap Camp to be a fun and safe place for EVERYONE. In order to achieve this, it's important that all campers are aware of and follow the camp rules.

Parents, please review the following information with your camper and indicate that you both understand and agree to the rules by signing at the bottom of the page.

1. Campers will follow the directions of the Rabun Gap Camp staff.
2. Campers will treat everyone with respect: teasing, pranking, put-downs and name-calling will not be tolerated.
3. Campers will treat our camp property with respect by refraining from littering or abusing the property or equipment.
4. Campers may not possess or use any form of tobacco product, controlled substance, illegal substance or alcoholic beverage.
5. Campers will participate in all scheduled activities and maintain a positive attitude.

Procedures for Dealing with Inappropriate Behavior:

1. Rules will be reviewed with all campers upon arrival at camp.
2. When a rule is broken, a staff member will first verbally warn the camper to stop the inappropriate behavior.
3. If the behavior persists, a staff member will remove the camper from the activity or situation.
4. If the inappropriate behavior continues, the camper will meet with camp leadership (Camp Director or Camp Leader).
5. Camp leadership will place the camper on a '24 Hour Contract.' If behavior does not improve during this time, parents will be called to remove child from camp, and no refund for the session will be issued.
6. The Camp Director will discuss all decisions with parents before a child is sent home.
7. The Camp Director reserves the right to send home any camper if it is deemed to be in the best interest of the Rabun Gap Camp program or campers.

Parent Signature          Date
Permission Form for Summer Camps 2020

______________________________________ (Please Print Student Name)

I hereby consent to allow my child to participate in the Summer Day Camp at Rabun Gap-Nacoochee School in summer 2020. I understand my child will be participating in a variety of activities under the supervision of the Rabun Gap-Nacoochee School faculty, staff, or designated community coach for the camps indicated below (please check those camps for which your child is registered)

- Girls Soccer Camp
- Basketball Camp
- Basketball Camp
- Acceleration & Speed Program
- Soccer Camp
- Cirque Fun
- Cirque Clinic
- Art Camp

This form is specifically granting my permission for participation in the camps checked above. I am aware of the risks incident to participation in these camps and their activities and willingly assume those risks on behalf of myself and my child. I agree to release, hold harmless, and indemnify Rabun Gap-Nacoochee School, its Board of Trustees, officers, agents, representatives, employees, and their spouses from all claims, damages, or other liabilities for injuries to my son/daughter which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the school, its Board of Trustees, officers, agents, representatives, employees and their spouses.

Photo release: I give permission and consent allowing photographs to be taken of my child during camp session activities. I further give permission and consent that any such photographs may be published and used by Rabun Gap-Nacoochee School to illustrate and promote summer programs and/or the School.

I have read carefully the consent and release forth and accept all terms and conditions.

______________________________________  __________________________
Parent/Guardian Signature                      Date

______________________________________
Parent Printed Name
RABUN GAP–NACOOCHEE SCHOOL
SUMMER PROGRAMS
Emergency Medical Information

Camper’s Name_________________________________________ Nickname_________________________________________

Date of Birth_________________________ Grade______ M____ F____ Date of Last Tetanus shot________________________

Is your child allergic to any food or medication? Yes ____ No ____ List__________________________________________

If yes, what happens when your child comes in contact with the allergen? ______________________________________

CUSTODIAL PARENT OR GUARDIAN’S INFORMATION
This should be the information for the person responsible for the camper. This is the person we would notify first in an emergency.

Name_____________________________________________ Relationship________________________ Email________________________

Address_____________________________________________ City________________________ State________________________ Zip________________________

Phone (Home)________________________________________ (Work)________________________________________ (Cell)________________________

FRIEND OR RELATIVE INFORMATION
This should be the information for the person to contact if we are unable to reach you

Name_____________________________________________ Email________________________________________

Address_____________________________________________ City________________________ State________________________ Zip________________________

Phone (Home)________________________________________ (Work)________________________________________ (Cell)________________________

PARENT INFORMATION

Father’s Name________________________________________ Email________________________________________

Address_____________________________________________ City________________________ State________________________ Zip________________________

Phone (Home)________________________________________ (Work)________________________________________ (Cell)________________________

Mother’s Name________________________________________ Email________________________________________

Address_____________________________________________ City________________________ State________________________ Zip________________________

Phone (Home)________________________________________ (Work)________________________________________ (Cell)________________________

INSURANCE INFORMATION
Complete all information AND submit a copy of both sides of the medical and pharmaceutical benefits cards. All campers are required to have medical insurance at ALL times.

Name of Carrier________________________________________ Is this a Medicaid policy________ Phone________________________

Claims Address________________________________________

City________________________________________ State________________________ Zip________________________

Name of Policy Holder________________________________

Member Number________________________________________ Group Number________________________________

Name of person financially responsible for camper’s medical bills __________________________________________

While at camp or during a camp sponsored event, on the advice of qualified professionals, it is necessary for the camp to take certain actions for medical treatment for your child. Therefore, by signing this you are granting RGNS the authority to render such medical services and treatments, including administration of over the counter medication, either in the school infirmary or by local physicians and hospitals, including surgery, without notice to, or consent of parent(s) or guardian. It is understood that the parent or guardian will be notified as time permits of any serious illness or injury, but that RGNS will be the judge of whether notification is immediately necessary. In the event that your child is sent to a physician, or hospital for medical or psychological treatment, by signing this, you authorize the release of medical or psychological information from the provider to RGNS Health Center. You are also authorizing the release of medical information necessary to process the insurance claims. You authorize RGNS to sign on your behalf, permission for the insurance claims to be filed and for payment of benefits to be assigned to the provider of services.

Signature of Parent or Guardian ___________________________ Date________________________
Medical History

TO THE PARENT OR GUARDIAN: This section is to be carefully completed by the parent(s) or legal guardian(s) prior to registration and before the camper may participate in any athletic activity at RGNS. This information is used to provide the necessary health care for your child. Health records are confidential, but may be released to the health care providers (physicians) caring for your child while at camp.

Last Name (please print) ___________________________ First ___________________________ Middle ___________________________

PERSONAL HISTORY: Explain all “YES” answers in the space provided with date(s) and detail.

Has the camper ever had:

- Mononucleosis? □ □ __________
- Measles? □ □ __________
- German Measles? □ □ __________
- Mumps? □ □ __________
- Chicken Pox? □ □ __________
- Tuberculosis? □ □ __________
- Hepatitis/Jaundice? □ □ __________
- Rheumatic Fever? □ □ __________
- Cancer, Cyst, Tumor? □ □ __________

Has the camper ever had surgery? □ □ __________

Does the camper have a chronic or ongoing medical condition? □ □ __________

Does your camper use tobacco or alcohol? □ □ __________

Does your camper have allergies to:

- Medicines □ □ __________
- Pollens □ □ __________
- Foods □ □ __________
- Insects □ □ __________
- Seasonal (hay fever) □ □ __________

Has the camper ever coughed, wheezed, or had difficulty breathing during or after exercise? □ □ __________

Has the camper ever used an inhaler or taken asthma medication? □ □ __________

Has the camper ever had pneumonia? □ □ __________

Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? □ □ __________

Has the camper ever had a head injury, loss of memory, concussion, unconsciousness or numbness in the extremities? □ □ __________

Has the camper been told that he/she has neck instability? □ □ __________

When exercising in the heat, does the camper get severe muscle cramps or become ill? □ □ __________

Has the camper ever had a diagnosed migraine? □ □ __________

Has the camper ever had:

- Insomnia □ □ __________
- Anxiety □ □ __________
- Depression □ □ __________
- Eating disorder □ □ __________

Has the camper had any difficulty with school, studying or teachers? □ □ __________

Does the camper have a diagnosis of Attention Deficit Disorder? □ □ __________

Has the camper received counseling or treatment by a counselor, psychologist, or psychiatrist? □ □ __________

Has the camper’s activity been restricted during the past five years? □ □ __________

Has the camper been told that he/she has neck instability? □ □ __________

Has anyone ever recommended to the camper to change his/her weight or eating habits? □ □ __________

FEMALES ONLY:

Has the camper ever had a menstrual period? □ □ __________

Explain “YES” answers here:

List ALL medications taken regularly prescription and over-the-counter:

What have we forgotten to ask that we need to know about your child?

Rabun Gap-Nacoochee School
339 Nacoochee Drive Rabun
Rabun Gap, GA 30568

Signature of Parent or Guardian __________ Date __________

Phone: 706.746.7467 ext. 7760 or 7761
Fax: 706-746-2145