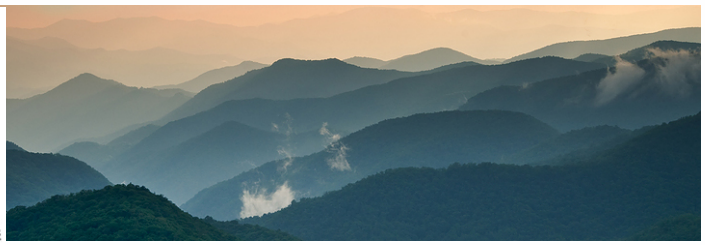

DAY CAMP ENROLLMENT FORM
Day Camp Times and Options

Grow Abroad LLC
Asheville, NC 28806 • Mail: info@growabroadllc.org

Family Name

First Name | Middle Name

Gender Male ☐ Female ☐ | Date of Birth (Year) (Year) (Year)

Week	Dates	Excursion*	Price*
Week 1	6/28 to 7/2 — no day camp 7/2	*Chimney Rock & Picnic at Lake Lure*	$225
Week 2	7/5 to 7/9	*White Water Rafting*	$225
Week 3	7/12 to 7/16	*Asheville Tourists Game*	$190
Week 4	7/19 to 7/23	*Carowinds*	$250
Week 5	7/26 to 7/30	*Chimney Rock & Picnic at Lake Lure*	$225
Week 6	8/2 to 8/6	*Green River Tubing &*	$225
Week 7	8/9 to 8/13	*Asheville Tourists Game*	
		Carowinds	$250

Host Families

☐ Yes ☐ No

Are you hosting, and if so, are you planning on taking advantage of our one week free tuition for your own child?

If so, please indicate which week. #

DAY CAMP ENROLLMENT FORM
Student Information

Home Address

Parent Name

Best Contact Email Best Parent Phone #

Emergency Contact Persons' Information

Name 1 Phone

Name 2 Phone

Health Information Student

Does your child suffer from any allergies? ☐ Yes ☐ No
If yes, please specify and describe the severity and treatments.

Does your child follow a special diet? *If so, please explain.* ☐ Yes ☐ No

Has your child ever been hospitalized? *If yes, please explain.* ☐ Yes ☐ No

Please indicate any other pertiinent medical information and/or conditions; ex. ADHD, anxieties, seizures.

Please indicate any medications your child is taking currently and their purpose.

Does your child administer their own medication? Yes No

Please name any prescriptive/nonprescriptive drug(s) that should not be administered by your child.

Date of last Tetanus injection/booster:

Is your child a proficient swimmer? *If no, please elaborate.* ☐ Yes ☐ No

Are their any activities your child should not participate in for medical or general health reasons?

DAY CAMP ENROLLMENT FORM
Miscellaneous Information

Name of Health Insurance Company

Insurance Card #

Diet

Does your child follow a special diet? ☐ Yes ☐ No If yes, please explain.

Does your child suffer from any food-related allergies? ☐ Yes ☐ No If yes, please elaborate.

Medical Treatment Authorization and Consent

In case of any emergency related to your child, we will notify you immediately. A qualified staff member will administer first aid treatment. We ask you to read and sign the following.

I, , the parent/guardian of hereby authorize, seek and consent to medical treatment as deemed necessary by a qualified licensed First Aid representative of Grow Abroad, LLC or medical and healthcare professional. This authorization is for the time period when my child is in the care of Grow Abroad, LLC and while his/her participation in the organization's programming.

In the event that my child should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result for such treatment. I am aware and understand that I should carry my own health insurance for my child.

Signature of Parent/Guardian Date Month Day Year

Accident Waiver and Liability Release

As parent/guardian, I hereby assume all the risk of a participation in the Grow Abroad, LLC program for myself and my child/ren. I will not hold Grow Abroad, LLC liable for any bodily injury or loss of personal valuables, unless damage occurs as a result of a Grow Abroad, LLC representative's willful actions, neglect or recklessness.

Signature of Parent/Guardian Date Month Day Year

Do you grant Grow Abroad permission to take and publish photos of your child for marketing purposes? ☐ Yes ☐ No

Upon completion, please send this application via scanned email attachment to *info@GrowAbroadLLC.org* .We will send you a confirmation and invoice upon receipt.

GROW ABROAD
LANGUAGE, CULTURE, & STUDENT EXCHANGE