

2018 VESPER POINT Camper Application

554 McCallie Avenue, Chattanooga, TN 37402
(423) 648-7936



A \$100 deposit is required for each session and will be applied toward tuition. Carefully read the Parent Information, located on our website, before registering. After June 1, mail to: 3216 Lee Pike, Soddy Daisy, TN 37379.

CAMPER INFORMATION

Name _____ Age _____ DOB ____/____/____

Boy Girl Grade in Fall '18 _____ Current School _____

New Camper Returning Camper T-Shirt Size - Youth: S M L Adult: S M L XL

CHOOSE YOUR SESSION & CLINICS

Pioneer (Rising 7, 8, 9, 10 grade)

Middler (Rising 3, 4, 5, 6 grade)

[] Week ① June 11 - 16 Middler

[] Week ② June 18 - 23 Middler

[] Week ③ June 25 - 30 Pioneer

[] Week ④ July 9 - 14 Middler

[] Week ⑤ July 16 - 21 Middler

[] Week ⑥ July 23 - 28 Pioneer

Cost: \$525

Camp sessions are from Monday morning through Saturday morning.

Campers are assigned two clinics/activities for each morning. **Rank your top 7 choices**, "1" being the most preferred. Spaces are limited & given on a first-come, first-serve basis, based upon availability at the time of registration.

Campers can only be assigned to one water activity.

Clinic assignments will be emailed to you before camp begins.

- ____ Arts/Crafts
- ____ Baseball/Softball
- ____ Water Inflatables
- ____ Bouldering Gym
- ____ Clinic Sampler
- ____ Dance (girls only)
- ____ Drama
- ____ Fishing
- ____ Frisbee
- ____ Soccer
- ____ Pavilion Sports
- ____ Swim & Watermats
- ____ Sand Volleyball
- ____ Water Ski ⚙
- ____ Kayaks & Paddleboards
- ____ Outdoorsman

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

Details on each activity is
available on our website.

FAMILY INFORMATION

Camper lives with: Both Parents Father Mother Other: _____

Primary Parent: Name _____ Relationship to Camper _____

Mailing address _____ City _____ State _____ Zip _____

Cell Phone _____ Best Email _____

Church _____

Parent 2: Name _____ Relationship to Camper _____

Mailing address _____ City _____ State _____ Zip _____

Cell Phone _____

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

OTHER CAMPER INFORMATION

Do any of the following apply to your camper? Homesickness Bedwetting Sleep-walking Behavioral Concerns

Does your child have a chronic condition or illness? Yes No If yes, explain: _____

Does your child have diabetes? Yes No Does your child carry an EpiPen? Yes No

Does your child have asthma? Yes No If yes, explain: _____

Do you have any other concerns (family, physical or activity limitations) that you would like us or your child's counselor to be aware of: _____

How did you hear of CVP? _____

PAYMENT INFORMATION

\$100 Deposit is required for registration.

MasterCard Visa American Express Cardholder's Name _____

Card # _____ - _____ - _____ - _____ Exp. Date ____ / ____

Billing Street Address _____ Zip Code _____ CVV Code _____

Payment being made today \$ _____

Check: Amount \$ _____ Last name on check if different from Camper: _____

Payments of any amounts may be made until balance is paid in full.

BALANCE MUST BE PAID IN FULL BEFORE CAMP BEGINS.

► I have read and understand the Cancellation and Refund Policy as posted on the camp website.

_____ (signature)

► The Camper Medical form will need to be submitted before you bring your child to camp, along with a copy of your insurance card.

CABIN REQUEST (OPTIONAL)

Cabins are assigned according to age, gender and mutual request. You may list **ONE** buddy request.

Only single mutual buddy requests are guaranteed.

BUDDY REQUEST: _____