



2017 SUMMER DAY CAMP REGISTRATION

Camper's Name _____ Age _____

Guardian's Name _____ Relationship _____

Address _____

Phone Number (Home/Work) _____ (Cell) _____

Email _____

Emergency Contact (other than guardian listed) _____

Phone Number (Home/Work) _____ (Cell) _____

Camp Sessions (Please check all camps attending)

School of the Soldier **June 5-9, 2017** (Deadline to register: May 29, 2017)

Young Historians Camp **June 19-23, 2017** (Deadline to register: June 12, 2017)

Jane Davis Academy **July 10-14, 2017** (Deadline to register: July 3, 2017)

Natural History Camp **July 17-21, 2017** (Deadline to register: July 10, 2017)

T-Shirt Size (circle one): Youth: S M L Adult: S M L XL XXL

Cost: _____ \$175 (per camp) Non-SDMA Member

_____ \$150 (per camp) SDMA Member (Family Membership or higher)

_____ \$450 (all 4 camps) BEST DEAL!

Before & After Care: _____ \$20/Day 7:00 a.m. to 6:00 p.m.

_____ \$100/Week 7:00a.m. to 6:00 p.m.

**Release and Indemnity Agreement for Participants of the
Sam Davis Home Summer Camps**

The undersigned, being the parent(s) or guardians(s) of _____, a minor, hereby released and covenant not to sue Sam Davis Memorial Association (SDMA), its agent, employees, or representatives for any claim arising out of or related to any activities, or programs of the SDMA.

1. SDMA does not provide insurance coverage for enrolled campers against expense of accident, injury, or illness suffered while enrolled in camp; enrollment and participation is at the sole risk of enrolled child and his parent or guardian.
2. I authorize program directors to arrange emergency treatment by qualified personal, if needed.
3. This will further serve as full release and discharge of SDMA and its officials from any and all liability from, loss, damage, or injury suffered by child of undersigned arising out of, or related to, injury, illness, or loss while child of undersigned is enrolled; undersigned will indemnify SDMA and its directors and hold them harmless against claim or suits made or bought by anyone on account of such injury, illness, or loss.
4. I understand and agree to abide by the policies of the SDMA regarding cancellations, returned checks, and deferred payments (if applicable). I understand that I may cancel participation up to two weeks before the first day of camp and that a \$25 administrative fee will be charged for all cancellations. I understand that no refund will be given if I cancel participation within two weeks of the start date of the camp and that no refunds will be given for missed days of camp.
5. I understand that my child is expected to exhibit appropriate behavior and that SDMA can choose to remove a camper that has difficulty adapting to the camp environment with no refund.

Parent/Guardian Signature _____ Date _____

6. SDMA has permission to publish photographs and/or video of my child for promotional and educational services through all media outlets.

Parent/Guardian Signature _____ Date _____

Please send completed form and payment to the following address by the camp deadline:

Historic Sam Davis Home & Plantation
Attn: Education – Summer Camps
1399 Sam Davis Road
Smyrna, TN 37167

Office Use Only

Total Cost: _____
Payment received: _____

Confirmation Sent: _____