

2008 BAREFOOT REPUBLIC CAMP APPLICATION

Junior High (5th-8th grade) and Senior High (9th-12th grade)

***** Session I: July 7th-12th will be staffed by FPC-Nashville Counselors *****

Enrollment is limited to the first 100 junior high and senior high applicants per session. Upon receipt of the completed application, you will receive an informational packet. Barefoot Republic does not discriminate based on race, sex or national origin and we admit campers to all the privileges, rights, activities, and programs.

GENERAL INFORMATION

Camper's full name: _____

Last
First
Middle
Nickname

Additional Camper Info: _____

Age
Birthdate
Grade (last completed)
Sex
Race

Home address: _____

Street
City
State
Zip
County

Cell Phone: _____ Email address: _____

School: _____ T-shirt Size (Circle): XS S M L S M L XL 2XL

Youth
Adult

Session Attending (Circle): July 7th-12th July 14th-19th Organization or Church: _____

Mother's Name (or Guardian): _____

Home Address: (If different from camper's) _____

Street
City
State
Zip

Home: _____ Cell: _____ Email address: _____

Work Information: _____

Name of Employer
Work Phone

Father's Name (or Guardian): _____

Home Address: (If different from camper's) _____

Street
City
State
Zip

Home: _____ Cell: _____ Email address: _____

Work Information: _____

Name of Employer
Work Phone

PARENT/GUARDIAN AGREEMENT

By submitting this application we agree to following Barefoot Republic Camp policies and conditions of enrollment:

- We agree that the Executive Camp Director has the right to send home any camper not complying with the camp rules and regulations *without a refund of any kind*.
- We agree to take full responsibility for any property damage caused by this camper.
- We agree that this camper has permission to participate in all camp activities. Yes No
 If no, please explain: _____
- We agree that Barefoot Republic can use my child's image for promotional purposes. Yes No
 If no, please explain: _____

Parent or Guardian's Signature Date Camper Signature Date

Camper Name: _____

ACTIVITIES

Please rate **ALL** of the following activities. This information will help with the development of specialties and electives offered and may be used to help place campers in camp classes. Each camper will be assigned one specialty (favorite activity done each day) and four electives (differs each day).

****PLEASE HAVE CAMPER COMPLETE THE FOLLOWING OR COMPLETE WITH CAMPER TO ENSURE REFLECTION OF CAMPER INTERESTS****

ACTIVITY	INTEREST LEVEL					SKILL LEVEL		
	Love	Like	Ok	Dislike	Hate	Beginner	Intermediate	Advanced
Drama								
Visual Arts (Circle interests: painting, drawing, sculpting)								
Dance (Circle interests: ballet, hip hop, jazz)								
Music Performance (Circle interests: drums, guitar, vocal, piano)								
Music Production, Engineering & Recording								
Film Production								
Songwriting								
Photography								
Creative Writing								
Graphic Arts								
STOMP								
Basketball								
Cheerleading								
Football								
Lacrosse								
Soccer								
Tennis								
Volleyball								
Rollerblading								
Skateboarding								
BMX Biking								

****Please list your top 2 choices for your specialty in order of preference****

1. _____ 2. _____

COST/FINANCIAL ASSISTANCE

The cost to attend camp is \$300. This covers ALL expenses and includes a camp t-shirt. **All campers are required to submit a \$50 non-refundable deposit. Checks should be payable to Barefoot Republic Camp.** Sessions will be limited to the first 100 campers submitting deposits. Campers submitting deposits after April 30, 2008 will be placed on a waiting list if the respective session is full. Please note there will be no tuition refunds if you withdraw after May 31st due to our commitment to Cumberland University.

YES, my child is a member of the First Presbyterian Church – Nashville Youth Group and would like to apply for financial assistance from them. Please forward my name to Ellie Billington to request that a scholarship assistance form is mailed to me.

DATES TO REMEMBER

April 30, 2008	May 31, 2008	June 30, 2008
\$250	\$275	\$300
End Early Registration I	End Early Registration II	Full tuition due!
\$50 Discount if Paid in Full	\$25 Discount if Paid in Full	\$25 Late Fee After This Date!

ADDITIONAL INFORMATION

Will your child require transportation to and from Cumberland University? ____ Yes ____ No

If yes, which location would you prefer (circle): Rockettown (Nashville, TN) or Centennial High School (Franklin, TN)

We will attempt to accommodate requests for roommate assignments. Please write the names of two preferred roommates below.

1. _____ 2. _____

Name of Camper's Church or Organization

2008 BAREFOOT REPUBLIC CAMP Medical Form

FAMILY INFORMATION

Camper's full name: _____
Last First Middle Nickname

Date of Birth: _____ Age: _____ Sex: _____

Home address: _____
Street City State Zip

Mother's Name (or Guardian): _____

Home: _____ Cell: _____ Work: _____

Father's Name (or Guardian): _____

Home: _____ Cell: _____ Work: _____

Emergency Contacts

Please list 2 individuals that can be contacted in the event of an emergency if neither parent can be reached.

Name: _____ Relationship: _____

Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____

Home: _____ Cell: _____ Work: _____

Personal Health and Medical History

Please be very specific regarding the camper's health history, past or present:

ALLERGIES: Food, medicines, insects, plants, etc.: Yes No
Explain: _____

SPECIAL DIETARY NEEDS OR RESTRICTIONS: Yes No
Explain: _____

PLEASE LIST any medications, including dosage and administration schedule, to be taken at camp:

Camper Name: _____

PLEASE LIST any physical or behavioral conditions that may affect or limit full participation in playing strenuous physical games: _____

ANY OTHER HEALTH CONCERNS that the Camp Director, Camp Nurse, and Counselors should be made aware of prior to beginning regular camp activities: _____

Health Insurance Information:

Primary Care Physician: _____ Phone Number: _____

Primary Medical Insurance: _____

Primary Medical Insurance Policy Holder: _____

Group #: _____ Member #: _____

Please check one of the following: _____ HMO _____ PPO _____ Other

Please include a photocopy of your insurance and prescription card, if applicable, with your application, in case of emergency.

I give permission for full participation in Barefoot Republic Camp, Inc. activities, subject to limitations noted herein. I agree to release Barefoot Republic Camp, Inc. its staff and affiliates from any liability while my child is at camp, realizing that every effort for safety will be made. In the case of an emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the Camp Director to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Signature parent/guardian _____ Date _____

**Please mail or fax your completed application to:
Barefoot Republic Camp, Inc.
812 W. Main St.
Franklin, TN 37064
Office 615.429.2531 Fax: 615.794.3921
Email: trhodes@barefootrepublic.org**

Additional applications for FPC-Nashville Youth Group Members are available online from
<http://education.fpcnashville.org/youthforms.htm>

Non-FPC Youth Group members should obtain additional application forms from www.barefootrepublic.org.

Please contact Tommy Rhodes at trhodes@barefootrepublic.org or 615-429-2531 with additional questions.