



THE ARC OF UNION/CABARRUS &  
CITY OF CONCORD  
PARKS & RECREATION DEPARTMENT  
**CAMP SPENCER**



3155 Foxford Rd., Concord  
**FOR AGES 16 AND OVER**  
July 1 – July 5, 2019 • 9:00am-2:00pm  
**REGISTRATION FORM**

<b>OFFICE USE:</b>
Cash/Check # _____
Amount _____
Date _____

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

PHONE # \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

**EMERGENCY CONTACT IN CASE OF INJURY OR ILLNESS:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Phone #s:

HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

**FEE: \$35.00 per camper**

**Please make checks payable to The Arc of Union/Cabarrus**

**Return payment with application & health form no later than June 25 to:**

The Arc of Union/Cabarrus  
1653-C Campus Park Drive  
Monroe, NC 28112

**MEDICAL RELEASE**

I do hereby grant permission for \_\_\_\_\_ to participate in the Camp Spencer program and release The Arc of Union/Cabarrus & City of Concord and its staff and/or volunteers from any liability that might occur during the operation of this program. I hereby give consent for emergency treatment as approved by his/her camp leader or other adult escort, in case of illness or injury while participating in this program. Parents/guardians will be notified in case of serious illness or injury ASAP.

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE**

\_\_\_\_\_ I will allow \_\_\_\_\_ to be photographed by The Arc of Union/Cabarrus & City of Concord during the Camp Spencer program.

\_\_\_\_\_ I will not allow \_\_\_\_\_ to be photographed.

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Hold Harmless**

I agree to release and hold harmless the The Arc of Union/Cabarrus & City of Concord and its staff and/or volunteers from any and all claims for personal injury, property loss or any other loss that may arise out of or during participation in this program.

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Activities will include arts and crafts, recreation, nature presentations, music, swimming, and a talent show. Please designate below camper's mode of transportation:

- \_\_\_\_\_ Bus from Cabarrus County Social Services (8:10 A.M. drop-off, must be picked up at 2:30 P.M.)
- \_\_\_\_\_ Bus from Academy Recreation Center (8:30 A.M. drop-off, must be picked up at 2:15 P.M.)
- \_\_\_\_\_ Family or staff will transport to camp

**NOTE: TO GROUP HOME STAFF & PERSONAL CARE WORKERS**

The fee charged participants of Camp Spencer in no way covers the cost of the program. The Arc of Union/Cabarrus provides the meals, supplies and staff of Camp Spencer. Concord Parks & Recreation provides transportation, bus drivers and art supplies. In order to make the budget go further we ask that group home staff and personal care workers who attend Camp Spencer with their clients contribute \$2.00 per meal to help cover the cost of food. You may pay on a daily basis or one payment of \$10.00 for the week submitted to the Camp Director. Checks made payable to The Arc of Union/Cabarrus Thank you for your cooperation.

Will group home staff or personal attendant attend camp with participant? Y N How many? \_\_\_\_\_  
Will staff/attendant eat meals prepared at camp? Y N How many? \_\_\_\_\_  
Which days? \_\_\_\_\_

**Questions? Contact Melanie Miller @ The Arc of Union/Cabarrus**  
**[mmiller@thearcisthere.org](mailto:mmiller@thearcisthere.org) or 704-261-1550 x 207**