SOCK Camp

2020

“SERVING OUR COMMUNITY’S KIDS”
**What is SOCK Camp?**

A fun-filled week-long camp full of crafts, activities, and adventure for children ages 6-12 years old (current 1\textsuperscript{st}- 6\textsuperscript{th} grades). The camp is free to all campers and includes transportation to and from camp (if needed) as well as a morning snack and a hot lunch every day.

**Where is SOCK Camp?**

Durham Academy Upper School Campus  
3601 Ridge Road  
Durham, NC 27705

**When is SOCK Camp?**

June 15-19, 2020  
8:30 a.m. – 3:00 p.m. daily

**Who runs SOCK Camp?**

Students from the Durham Academy Upper School

**How do I register my child for SOCK Camp?**

Fill out the attached camper application and return it to the school counselor at your child’s elementary school by Friday, May 8, 2020

**Who can I contact if I have further questions?**

William Edwards – SOCK Camp Advisor  
Email: [William.edwards@da.org](mailto:William.edwards@da.org)  
Cell: (919)210-1638
**Camper Application**

**General Information:**

Name of Camper: ________________________________________

Name of Parent: __________________________________________

Camper Age (as of June 2020): ________  Camper Birth date: _____ / _____ / _____

School (circle):  Forest View Elementary  Hope Valley Elementary

Camper Gender (circle):  M  F

Home Address: __________________________________________________________

_____________________________________________________________________

Apartment Complex: _____________________________Apt. Number______________

Mailing Address: ________________________________________________________

□ (check if Street and Mailing addresses are the same)

Camper’s School Bus Stop*: ____________________________________________

*This information will tell us where to pick up/drop off your child if he/she needs camp transportation

Please check all that apply:

My child will require:

_______ Transportation to camp in the morning

_______ Transportation from camp in the afternoon

Camper T-Shirt Size (circle):

Youth S   Youth M   Youth L

Adult S   Adult M   Adult L   Adult XL
Emergency Contact Information:
Name of Contact: ____________________________________________
Relation to Camper: __________________________________________
Contact Numbers:

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<th>Cell</th>
<th>Home</th>
<th>Work</th>
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Medical Information:
Food allergies (List all food allergies):
____________________________________________________________________
Pre-existing Medical Conditions (List all medical conditions):
____________________________________________________________________
*Does the child require an inhaler or epi-pen?   Yes   No
*Does the child require any daily medications?  Yes   No
Please list all daily medications: _______________________________________________________
*If ‘yes’, we require the camper to bring his/her inhaler/epi-pen and other medications to camp daily

Physician Info:
Physician Name: __________________________________________________________
Name of Medical Practice: __________________________________________________
Address of Medical Office: _________________________________________________
Telephone Number of Office: ________________________________________________

MEDICAL RELEASE
I certify that my camper’s medical information is complete and accurate to the best of my knowledge. I give permission for a SOCK Camp staff member to seek emergency care for my child in my absence.

Printed Name:_________________________________________  Date:_________________________

Signature:_____________________________________________
Rules of Conduct for Campers:

1) No violent or inappropriate behavior (e.g. fighting or wrestling)

2) Weapons of any kind are prohibited—“weapon” entails anything that endangers the safety of other campers

3) No rude or inappropriate language. No name-calling.

4) Campers are expected to listen to their counselors and follow directions

If Rules of Conduct are not followed

First Offense: A counselor will give the child a warning

Second Offense: A call will be made to the parents of the child

Third Offense: The child will be sent home for the remainder of camp

An “offense” is any action that violates the above Rules of Conduct or that the Camp Directors deem worthy of a disciplinary response.

As the parent or guardian of the child, I understand the Rules of Conduct, the consequences of misbehavior, and my responsibility in helping the child to uphold them.

Parent Signature: ___________________________ Date: ___________________________

As a camper, I understand the Rules of Conduct and the consequences of misbehavior.

Camper Signature: ____________________________________________