

**PIRATE SUMMER CAMPS
PARK UNIVERISTY CAMP APPLICATION**

PLEASE NOTE: The tuition and release forms must be signed and mailed with your payment (only checks accepted made payable to: Park University) by May 31. Space is limited to 15 campers per subject. Admittance is based on first come first serve basis. Applications received after May 31 will be subject to a late fee of \$25.00. Please note that you will receive an email within 7 days letting you know the campers status.

Pirate Summer Camps
Park University
Student Life #1114
8700 NW River Park Drive
Parkville, Missouri 64152

Student's Name (Last, First, Middle) _____

Male _____ Female _____ Age (current) _____ Grade (current) _____

Parent's Name (Last, First, Middle) _____

Address _____

City, State, Zip _____

Phone: (Home) _____ Parents Work _____

Beeper _____ Cellular _____

E-Mail _____

Which camp are you applying for: _____

If this camp is full are you interested in another camp and if so which one:

Field of interest when you graduate from high school _____

MEDICAL INFORMATION

Camper's Name _____

Mother's Employer/Phone _____

Father's Employer/Phone _____

Health Insurance Company _____

Policy Holder _____ Policy Number _____

Family Doctor's Name & Phone _____

Allergies _____

If bringing medication, please list the medication and the condition for which it is needed.

Please note any physical, emotional, or mental health problems that may require special provisions.

Please list emergency contact information:

Name	Relationship	Phone #
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TUITION

Camper Name _____

Check the Camp you plan to attend:

_____	Alice Programming Camp	\$495.00	
_____	Chinese Language Camp	\$495.00	
_____	Creative Writing Camp	\$495.00	
_____	CSI Parkville	\$495.00	
_____	Leadership Camp	\$495.00	
_____	Peer Mediation Camp	\$495.00	
_____	Theatre Tech Camp	\$495.00	
_____	Acting Camp	\$495.00	

Tuition _____

\$25.00 Late Fee after May 31, 2007 _____

Camp T-Shirts: 1 free shirt per camper (each additional shirt @ \$15.00)

Please check what size you want

Adult Small (34-36) _____ Medium (36-38) _____ Large (38-40) _____ X-Large _____

Youth L _____ Youth XL _____ Extra T-Shirt Total _____

Total Due (check only – payable to Park University) _____

This page should be completed and printed and sent along with the signed release forms to:

Pirate Summer Camps
Park University
Student Life #1114
8700 NW River Park Drive
Parkville, Missouri 64152

Students participating in Summer Camp Events

Park University ("Park") insurance programs do not provide insurance benefits to persons who participate in or assist with the 2007 Pirate Summer Camp ("Summer Camp") sponsored by Park.

I, the Participant, assume sole responsibility for all risks involved that may rise out of my participation in the Summer Camp and its activities. In no event will I seek to hold Park responsible for any damages or injuries I may sustain as a result of my participation in the Summer Camp, irrespective of any negligence by Park, its employees, officers or trustees or by any other Summer Camp participant. I will hold Park, its employees, officers, trustees and its other agents, harmless, and will indemnify them from all losses and damages with respect to bodily injury incurred by me and any other losses or damages incurred by me or anyone whose personal property is in my care or use that is damaged while participating in the Summer Camp.

I authorize Park to seek medical treatment for me without undue delay if I am injured and Park determines that I require immediate medical attention, so long as Park attempts to contact a person on the "emergency contact list" at the phone numbers listed before any action is taken.

Participant's Signature

Date

Participant's Name Printed

If Participant is under the age of 18 years this form must be signed by a parent or a legal guardian of Participant who is signing in that capacity on behalf of the Participant.

I/we grant permission for the above Participant to participate in the above described Summer Camp and to receive medical treatment in the event of an emergency in which an injury or illness occurs while he/she is attending the Summer Camp.

Parent's or Legal Guardian's Signature

Date

Parent's or Legal Guardian's Name Printed

Parent's or Legal Guardian's Telephone Number