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**Application for Enrollment 2002  
For Boys and Girls  
Grades 6-12**

*Session Dates: 1st Session June 15-20*

Date JUNE 15-20, 1st Session

Circle: Girl / Boy

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

T-shirt Size: **S M L XL XXL**

Age at camp in 2002 \_\_\_\_\_

Birthdate \_\_\_\_ - \_\_\_\_ - \_\_\_\_

School Grade Entering in Fall 2002 \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Physician \_\_\_\_\_ Phone \_\_\_\_\_

Tuition fee includes meals, camp/recreation activities, and T-shirt.

Check Box(es)      DEPOSIT: ☐ Early Bird: April 14, \$20

☐ Absolute Deadline: April 28, \$25

☐ Full payment, \$140, accompanies this application.

***Each Teen's balance will be due upon departure on June 15***

I agree to follow all of the guidelines of Uplift and Harding University and will cooperate and participate in all of its activities.

\_\_\_\_\_  
Camper Signature

*Please fill out the second page.*

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**Parent/Guardian Page**

Are there any activities in which this camper should not participate? \_\_\_\_ YES \_\_\_\_ NO If YES, please explain:

Has this camper ever been diagnosed for any emotional, psychological, mental, behavioral, or chemical condition or disorder? \_\_\_\_ YES \_\_\_\_ NO If Yes, please explain:

Does this camper ever exhibit any physical, mental, emotional, psychological or behavioral trait that could prevent him from living cooperatively with others? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain.

NOTE: Full disclosure of the above information is required. The existence of a "limiting" condition does not necessarily exclude a child from acceptance into the Uplift program, however, **a failure to disclose such a condition will result in automatic dismissal of the camper with no refund of tuition once the condition is brought to light.**

**ADDITIONAL COMMENTS:** Please tell us anything that will help us insure the very best experience possible for your child, including any personal traits, limitations, or characteristics of this camper which should help the counselor in working with your child or that would be helpful in assigning rooms and activities (include such things as personality traits, sunburn sensitivity, sleepwalking, hyperactivity, etc.)

If parents cannot be reached in an emergency, please list person to contact. (It is the policy of Uplift to notify parents in the event of accident or injury only in the event of emergency or when recommended by the Camp Physician.)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (please include cell phone numbers or work numbers, if possible) \_\_\_\_\_

*I agree to let the above named camper participate in Harding's Uplift camp and be transported in to its activities. I further authorize camp personnel to sign documents permitting the performance of medical assistance as deemed necessary by legally licensed medical personnel at the time of illness to the above camper and will accept the financial responsibility for said medical assistance.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date