

SUMMER CAMP CONTRACT
2012

Please read and complete each section of the contract and sign where required.

Organization Name and Address: _____

Type of Camp: _____

Director/Leader: _____

Telephone Day: _____ Night: _____

Deposit of \$250 is required by April 1, 2012. Proof of Insurance must be presented.

Deposit is refundable after camp check out has been completed and no facility damages are found.

Dates Requested: _____

Arrival Date: _____ Time of Arrival: _____ a.m. / p.m.

Designate times from when your group will first need access to any part of the campus until when the last person will leave campus.

Departure Date: _____ Departure Time: _____ a.m. /p.m.

All activities and all facilities must be vacated by this time.

- *Churches, organizations and/or individuals who utilize Brewton Parker facilities for children and/or youth events will be given a copy of this policy and asked to give an authorized signature signifying acceptance and adherence to this policy.*

Camp Coordinator

Signature

Date

FOOD SERVICE

Dining facilities are located in the Phillips Student Center. All meals are all-you- can-eat, one visit per meal period. Snack bars are available per request on a cash basis. Please request those at the time of reservation and specify days and times.

All food service for camp participants will be provided exclusively by ARMARK Inc.

All meals between arrival time and departure time for camp participants will be charged per participant.

Cancellation of camp or decrease in number of participants must be made TWO (2)

WEEKS prior to the start of the camp. Failure to notify TWO (2) WEEKS in advance will result in being billed for meals/participants.

First Meal (please circle one)	Breakfast	Lunch	Supper
Last Meal (please circle one)	Breakfast	Lunch	Supper

Residential Restaurant	Hours of Operations
Breakfast	7am – 8am
Lunch	11:30 – 1pm
Dinner	5:00 -6pm

Number of males: _____ Females: _____

Rates

(Prices subject to change by year)

Lodging	\$18.50
Breakfast	7.00
Lunch	8.00
Supper	8.00
Facilities	8.50
<hr/>	
Total	\$50.00

Initial _____

Accommodations

All fees are the responsibility of the contracting party. This includes lost keys, meal cards and damages.

Lost Key \$35.00

Lost Meal Card 25.00

Damaged Property TBD

All residence halls are double occupancy. Dowling, Friendship, two rooms per one bathroom. Thompson Hall is one bathroom unit per floor. LeRoy Hall has four rooms per one bathroom.

Facility Needs (check all that apply) *Subject to availability.*

- Housing: Friendship, Dowling, McAllister, Thompson, LeRoy, Baron Ridge
- Classrooms: Anticipated number _____ Number in each room _____
- Snooks Student Activities Center
- Pool
- Athletic Fields: Specify purpose _____
- Saliba Chapel (1000)
- Tyre Chapel (100)
- Gated Auditorium (280)
- Gilder Recital Hall (190)
- Gillis Gymnasium (1800 in stands)
- Parker Gym (500 in stands)
- Baron's Den (snack bar in Snooks Student Activities Center)
(Specify day (s) and time(s) _____)
- Cyber Café (Snack Bar in Phillips Student Center)
(Specify day(s) and time(s) _____)
- Other _____

Initial _____

SUMMER CAMP CONTRACT

ATTACHMENT A

Brewton-Parker College Employee Declaration

As an employee of Brewton Parker College you are required to declare how your camp will be facilitated. Please read each option carefully. Check the appropriate box for the type of camp you are hosting. Print your name, sign, and date at the bottom.

INTERNAL (camps performed under the BPC name)

- ❖ All guidelines of the Summer Camp Contract must be followed.
- ❖ **All revenue will be turned in to the business office through the camp coordinator. Camp will be billed according to summer camp contract. At check in, a roster will be obtained form the camp facilitator. Once verified, all fees will be paid to the BPC business office. Once payment has been paid, the camp ID's and keys will be issued.**
- ❖ Internal camps will not be charged the facility fee.
- ❖ Internal camps will pay 10 percent net for all camps.
- ❖ Monies in excess of expenses will be paid out through Payroll after all expenses have been paid.

EXTERNAL (camp not performed under the BPC name)

- ❖ All guidelines of the Summer Camp Contract must be followed.
- ❖ **Camp will be billed according to the summer camp contract and paid upon check in. At check in, a roster will be obtained form the camp facilitator. Once verified, all fees will be paid to the BPC business office. Once payment has been made, camp ID cards and room keys will be issued.**
- ❖ Expenses above BPC camp expenses are the responsibility of the camp facilitator.
- ❖ The camp facilitator is responsible for providing insurance to cover the camp and its participants.

_____ Employee	_____ Signature	_____ Date
_____ Camp Coordinator	_____ Signature	_____ Date
_____ College Administrator	_____ Signature	_____ Date

Medical Treatment Authorization Form

Participant's Name

What Camp _____

Date of Camp _____

1. List any medical conditions that camp personnel should be aware of.
(use additional pages if necessary) _____

2. List any medications currently taking _____

3. List any allergies _____

In case of emergency contact:

Name

Daytime Telephone

Nighttime Telephone

Name of Medical Insurance Co.

Telephone

Insurance Policy Number(s)

_____, as parent or legal guardian of the participant named above, do hereby authorize the director of the camp and his or her subordinates, to seek any medical and/or surgical treatment which is reasonably thought to be necessary for the care of participant. The program director is authorized to provide medical treatment for my child, and I shall be fully responsible for payment of such costs. I also authorize insurance payment directly to the medical facility.

Signature (Parent or Guardian)

Date

Name of Parent or Guardian (*Please Print*)