

Office space

Date rec'd. _____
Deposit _____
Balance Pd. _____
Rev. 8/07

**Camper Application
CAMP ODYSSEY 2008**

July 6-12, 2008
PRTM, 263 Lehotsky Hall, Clemson, SC 29634-0737
Phone 864-646-7502 FAX 864-646-3620
www.clemson.edu/outdoorlab

To help us get to know
your child,
attach
Camper's Photo
here

Camper Information

Full Name _____ Preferred Name _____

Camper Social Security # _____ Female () Male ()

Mailing Address _____ County _____

City _____ State _____ Zip _____

Address to which correspondence should be sent (if different from above) _____

Age (as of July 6th 2008) _____ Birthdate _____ School Attending _____

Grade Completed as of July 2008 _____ Height _____ Weight _____

How did you learn about Camp Odyssey? _____

T-shirt size (please check one): ___ Small ___ Medium ___ Large ___ XL ___ XXL

Contact Information

Name of *Father* _____ Occupation _____

Phone: home _____ work _____ mobile _____

Name of *Mother* _____ Occupation _____

Phone: home _____ work _____ mobile _____

Email Address: Father _____ Mother _____

If mother and father do not live together, with whom does child live? _____

Emergency contact if you cannot be reached: Name _____

Relation to camper: _____

Phone: home _____ work _____ mobile _____

Additional Information

Name of camp(s) previously attended _____

List roommate preference (please request only one individual of camper's own grade or age level.
Requests will be considered, however, are not guaranteed) _____

Can your child swim? _____

Please provide a description of your camper's character, social skills and behaviors which may affect the
camper's interaction with his/her cabin mates during their stay at camp. This information is confidential
and is shared only with the cabin counselor to help provide a positive camp experience.

What is the main thing you wish your child to gain from this experience?

Name and age of brothers and sisters _____

Is he/she attending Odyssey? Yes _____ No _____

Please give us any suggestions that will be helpful to our staff in giving your child a happy, worthwhile camp experience. The more we know about your child the better equipped we will be to provide him/her with a successful week. _____

*****Note***** All children attending Camp Odyssey are required to submit a health history and record of a physician signed physical examination on a form provided by Camp Odyssey. Said physical must have been completed after July 6, 2006.

Payment Information

If payment is not made in full, a \$75 deposit (made payable to Clemson University) must accompany this application. **The balance of the camp fee is due May 1, 2008.** A \$50 refund will be made with cancellation until March 31, 2008. After this date, no refund will be given.

() Check () Money Order () Master Card () VISA () Discover

NOTE: If paying by credit card, camper fees must be paid in full at time of application.

Please charge my credit card the following: \$ _____

Cardholder's Name _____

Card Number _____ Expiration Date _____

Cardholder's Signature _____

----- Camp Odyssey reserves the right to use any picture of my child made at camp for promotional purposes. -----

WAIVER OF RESPONSIBILITY: In consideration of permission extended to me by Clemson University for my child to participate in the residential camp, I do hereby for myself, my heirs, executors and administrators, remise, release and forever discharge Clemson University and all its officers, agents, and employees, acting officially or otherwise, from any and all claims, demands, actions on account of any injury, including death, loss, damage, or destruction of any property belonging to me or my child. If my child is accepted, I give consent for whatever medical care or inoculations may be deemed necessary by the camp, at my expense after camp insurance limits are reached, while the child is in camp.

(Signature of parent/guardian required) Dated this _____ day of _____, 200__

Send the completed application to:

**Camp Odyssey
Clemson University Outdoor Lab
263 Lehotsky Hall
Clemson, SC 29634-0737**

Fax to:
or
864-646-3620

Inquiries should be directed to: (864) 646-7502 or cuolcamps-1@clemson.edu
Clemson University does not discriminate on the basis of race, color, age, religion, gender or national origin