Mail A Small Recent Participant Photograph

Camp Flintlock Day Camp Registration Form

The Joel Lane Museum House – Raleigh, NC

Session Dates: June 16-20, 2008

Participant's First Name _____ Preferred Name _____ Last Name _____
Birth Date _____ Current Grade Level _____ Teammate Request _____
In addition to a *small, recent photo* of participant please also send a ***copy*** *(front & back) of their health insurance card.* How did you learn about C.F.?

Father's First Name _____ Last Name_____ Email _____@_____ ☐
Mailing Address _____ City _____ State _____ Zip Code _____
Home Phone #(___)___-_____ Work Phone #(___)___-_____ Cell Phone #(___)___-_____

Mother's First Name _____ Last Name_____ Email _____@_____ ☐
Mailing Address _____ City _____ State _____ Zip Code _____
Home Phone #(___)___-_____ Work Phone #(___)___-_____ Cell Phone #(___)___-_____

Please check the mailing address & email you would like C.F. to use.
Please explain custody issues (if any) on additional sheet.

Physician _____ Phone #(___)___-_____ Year of Last Tetanus _____

Are there any special needs, medical conditions, or behavioral conditions C.F. needs to be aware of to ensure your child's camp experience is positive? Check any that apply & provide more info. on a separate sheet.

☐ Good General Heath ☐ Asthma ☐ Diabetes ☐ Seizures
☐ Allergy: Food or other ☐ Behavioral Issues ☐ Mental Health Issue ☐ Other Chronic Condition
☐ Taking Perscription Medication ☐ Other Medication

Costs:

$230.00 Participant cost.
-_____.00 Deposit - $115.00 Minimum. ☐Small photo ☐Health insurance info.
=_____.00 Balance due before May 1, 2008.

☐ Check ☐ Visa ☐ M/C Card No. _____-_____-_____-_____ Exp._____/_____

Authorization:

- I agree to pay all costs including registration, tuition, and any other charges.
- I agree that I and the Participant will follow and abide by the rules and policies of C.F.
- I grant C.F. permission to take whatever action in its judgment that may be necessary to supply emergency medical services to above named Participant. C.F. agrees to make every effort to contact the parents/guardians in case of such a situation.
- I agree to be solely responsible for any expenses that may occur to provide medical treatment to Participant.
- I understand that some of the activities provided by C.F. may incur risk of injury, and release C.F., including its employees, from liability for injuries that might occur.
- I agree to reimburse C.F. for damages to equipment by Participant.

Signature _____ Date _____

----------Do not write at or below this line. Office use only.----------

Confirm _____
More _____
Team _____
PP _____
Meds _____

Check-Out
Haversack _____
Cup _____
Plate _____
Clothing _____
Damages _____

Fax or Mail to:

Camp Flintlock, Inc.
1580 King Mill Road
Four Oaks NC, 27524
Email: nc@campflintlock.com
Telephone: (919)938-1776 Fax: (919)209-5279