

Mail A  
Small  
Recent  
Participant  
Photograph



# Camp Flintlock Day Camp Registration Form

## Private Campsite - Four Oaks, NC

Session Dates: June 21 – 25, 2010

Rev. 12/09

**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.

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Good General Health            | <input type="checkbox"/> Asthma            | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Seizures                |
| <input type="checkbox"/> Allergy: Food or other         | <input type="checkbox"/> Behavioral Issues | <input type="checkbox"/> Mental Health Issue | <input type="checkbox"/> Other Chronic Condition |
| <input type="checkbox"/> Taking Prescription Medication | <input type="checkbox"/> Other Medication  |  |  |

**Costs:**

\$225.00 Participant Cost.

- \_\_\_\_\_ .00 Deposit - \$120.00 Minimum.  Small photo  Health insurance info.

= \_\_\_\_\_ .00 Balance due before May 1, 2010.

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