

Mail A
Small
Recent
Participant
Photograph



Rev. 12/11

Camp Flintlock Day Camp Registration Form

The Joel Lane Museum House – Raleigh, NC

Session Dates: June 18 – 22, 2012

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 Health Asthma Diabetes Seizures
- Allergy: Food or other Behavioral Issues Mental Health Issue Other Chronic Condition
- Taking Prescription Medication Other Medication

Costs:

\$240.00 Participant cost.

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

= _____ .00 Balance due before May 1, 2012.

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:
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 Four Oaks NC, 27524
 Email: nc@campflintlock.com
 Telephone: (919)938-1776 Fax: (919)209-5279