

Mail A  
Small  
Recent  
Participant  
Photograph



Rev. 12/09

# Camp Flintlock Registration Form

## 2010 Residential Summer Camp - Four Oaks, NC

Confirm \_\_\_\_\_ Meds \_\_\_\_\_ Haversack \_\_\_\_\_  
 More \_\_\_\_\_ PP \_\_\_\_\_ Cup \_\_\_\_\_  
 Team \_\_\_\_\_ Store \_\_\_\_\_ Plate \_\_\_\_\_  
 K/T \_\_\_\_\_ Clothing \_\_\_\_\_  
 Damages \_\_\_\_\_

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

**Participant** 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 an 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

**Sessions: One Week Sessions (Cost is \$415.00)**

- Boys Week - Sun. June 27 - Sat. July 3       Girls Week - Sun. July 4 - Sat. July 10

**Costs:**  
 \_\_\_\_\_ .00 Participant Cost.  
 - \_\_\_\_\_ .00 Deposit - \$200.00 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 \_\_\_\_\_

**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