

Mail A
Small
Recent
Participant
Photograph



Rev. 1/18

Camp Flintlock Day Camp Registration Form

The Joel Lane Museum House – Raleigh, NC

Session Dates: June 18 – 22, 2018

Participant's First Name _____ Preferred Name _____ Last Name _____
Birth Date _____ Current Grade Level _____

*Please provide a *small, recent photo* of the participant as well as 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 box for the primary mailing address & primary email address for C.F. to use.
And 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
+ \$25.00 Refundable security deposit
- _____ .00 Deposit (\$130.00 minimum)
= _____ .00 Balance (Due before May 1, 2018)

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.

Guardian Signature _____ **Date** _____

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

- Small, recent, photo
- Health Insurance Info
- Tetanus
- Paid In Full
- 1st Email confirmation _____
- 2nd Email _____

Security Deposit _____ \$25.00_
Cup (\$8) _____
Plate (\$10) _____
Haversack (\$15) _____
Clothing _____
Other _____

Scan, Fax or Mail To:
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