

Mail A  
Small  
Recent  
Participant  
Photograph



Rev. 1/18

# Camp Flintlock Registration Form

## 2018 Residential Summer Camp - Four Oaks, NC

- Boys' Week: Sun. June 24<sup>th</sup> - Sat. June 30<sup>th</sup>, 2018
- Girls' Week: Sun. July 8<sup>th</sup> - Sat. July 14<sup>th</sup>, 2018

**Participant** First Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Current Grade Level \_\_\_\_\_ Teammate Request \_\_\_\_\_

\*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:** \$415.00 Participant cost  
 + \$50.00 Refundable security deposit  
 - \_\_\_\_\_ .00 Deposit (\$230.00 minimum)  
 = \_\_\_\_\_ .00 Balance (Due before May 1, 2018)

Check  Visa  M/C Card# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Security# \_\_\_\_\_ 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
- 1<sup>st</sup> Email confirmation \_\_\_\_\_
- 2<sup>nd</sup> Email \_\_\_\_\_
- Meds \_\_\_\_\_

- Security Deposit \_\_\_\_\_ \$50.00
- Cup (\$8) \_\_\_\_\_
- Plate (\$10) \_\_\_\_\_
- Haversack (\$15) \_\_\_\_\_
- Clothing \_\_\_\_\_
- Other \_\_\_\_\_
- Store \_\_\_\_\_
- K/T \_\_\_\_\_

Scan, Fax or Mail To:

**Camp Flintlock Inc.**

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 Four Oaks NC, 27524  
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