

# ORGANIZATION

DATE to DATE  
EVENT held at LOCATION

Fax or mail your Registration form to:  
CONTACT

The registration deadline for this event is DATE.

## PERSONAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email Address \_\_\_\_\_ @ \_\_\_\_\_  
 Phone \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_  
 Physician \_\_\_\_\_ Location \_\_\_\_\_ Telephone \_\_\_\_\_

Detail all medications, health issues, or other special needs (attach paper if necessary):

## TUITION

Registration Tuition ..... \$ PRICE.00  
 Total Number of Registrants (no charge for children under 5)..... multiply by \_\_\_\_\_  
 Total Payment Enclosed ..... equals \$ \_\_\_\_\_ .00

## AUTHORIZATIONS

I accept charges for the Registration, Tuition, & other named Fees. I understand that all Fees are due in advance and are non-refundable. I accept financial responsibility for damages incurred by the above named Participants. I accept & agree that I & the Participants must follow the rules & policies of *the Colonial Camp*. I grant to *the Colonial Camp* permission to take whatever action in its judgment may be necessary to supply emergency medical services to the named Participants. *The Colonial Camp* will make every effort to contact and follow the instructions of the Parents or Guardians. I agree that I will be solely responsible for & will pay promptly any expenses which may be incurred to provide medical treatment to the Participants. I give permission for the Participant to participate in the sponsored activities. I understand that such activity involves a risk of injury. I here and forever discharge, release, indemnify, & hold harmless *the Colonial Camp* including their Employees, for any & all liability, rights of action, causes of action, losses, claims, demands, cost & expenses for damages and/or personal injury that may arise from the Participant's participation in these activities. I consent to use of the use of the above named Participant's image for promotional purposes by *the Colonial Camp*.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# The Colonial Camp

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