

APPLICATION

Required materials must be sent before June 1, 2008 for application to be complete. Include the following required materials: (a) completed application; (b) complete payment of outstanding balance; (c) recent Participant photograph; (d) copy of health insurance card, *front & back*; and (e) immunization records.

Fax all materials to 877.354.6856 or mail to the *Colonial Camp* 903 North McKay Avenue Dunn NC 28334. Applications are accepted on a first-come, first-serve basis. After the application is received, the *Colonial Camp* will send a confirmation and information packet.

Participant named here (first) _____ (last) _____; gender (check) male or female ; born on (birthdate) _____; and currently in (2007-08 grade) _____, submits an application to attend the *Colonial Camp*.

Guardians are _____ (and, also) _____. Address is (street) _____ (city) _____ (state) _____ and (zip) _____. Telephone contact (numbers): _____, _____, and _____. Electronic contact is (email) _____ @ _____.

Hhealth status. Last Tetanus shot (year) _____; Primary Doctor (name) _____ with telephone (number) _____.

Special Participant health issues (mark all relevant; attach documentation if necessary):

Good Health	Asthma	Prescriptions	Allergy	Other _____
Health	Diabetes	Custody Issue	Seizure	Chronic Condition

Choose the preferred session/date/location below:
Session 1: 9 am to 3 pm June 16-20 2008 Edgewater, Maryland Historic London Town
Session 2: 9 am to 3 pm June 23-27 2008 Edgewater, Maryland Historic London Town
Session 3: 9 am to 3 pm July 7-11 2008 Edgewater, Maryland Historic London Town
Session 4: 9 am to 3 pm July 14-18 2008 Edgewater, Maryland Historic London Town

Tuition & Fees are \$279.00. Deposit enclosed (minimum \$100) \$ _____ .00, with outstanding balance \$ _____ .00. Enclosed payment may be check (payable to the *Colonial Camp*), or credit (M/C, Visa, AmEx, or Discover). Card No. _____ - _____ - _____ - _____ Exp. Date _____.

Authorizations. I accept charges for the 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 Participant. I accept & agree that I & the Participant must follow all the Rules & Policies of the *Colonial Camp*. I grant to the *Colonial Camp* permission to take whatever action in its judgment necessary to supply medical services to the Participant. The *Colonial Camp* will make reasonable efforts to contact and follow the instructions of the Parents or Guardians. I agree to be completely and solely responsible for & to pay promptly any expenses incurred for medical services to the Participant. 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 its Staff, 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 the use of the Participant's image for promotional purposes by the *Colonial Camp*.

Signature _____ Date _____

The Colonial Camp
CALL Toll-Free 866.354.6856
EMAIL information@ColonialCamp.com
WEB www.ColonialCamp.com