

# A P P L I C A T I O N

**R** equired 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.

**F** ax 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.

**P** articipant 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*.

**G** uardians are \_\_\_\_\_ (and, also) \_\_\_\_\_. Address is (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ and (zip) \_\_\_\_\_. Telephone contact (numbers): \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_. Electronic contact is (email) \_\_\_\_\_ @ \_\_\_\_\_.

**H** ealth status. Last Tetanus shot (year) \_\_\_\_\_; Primary Doctor (name) \_\_\_\_\_ with telephone (number) \_\_\_\_\_.

**S** pecial Participant health issues (mark all relevant; attach documentation if necessary):  

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

**C** hoose the preferred session/date/location below:  
Session A: 9 am to 3 pm ..... July 21-25 ..... Umstead Park ..... North Raleigh  
Session B: 9 am to 3 pm ..... July 28-August 1 ..... Pullen Park ..... Central Raleigh  
Session C: 9 am to 3 pm ..... August 4-8 ..... Main Street Park ..... Rolesville  
Session D: 9 am to 3 pm ..... August 11-15 ..... Historic Yates Mill Park ..... Southwest Raleigh

**T** uition & Fees are \$259.00. 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 \_\_\_\_\_.

**A** uthorizations. 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