

APPLICATION

After the application is received, the Colonial Camp will confirm with an information packet. Required materials must be sent before May 15, 2010: (a) completed application; (b) complete payment; (c) photograph (*do not fax*); (d) health insurance card, *front & back*; and (e) immunization records.

GENERAL INFORMATION

First _____ Last _____
 Male Female Birthdate _____ Current Grade _____
 Guardian _____ and _____
 Street _____ City _____ State _____ Zip _____
 Telephone _____ Other _____ Other _____
 Email _____ @ _____

HEALTH STATUS

Last Tetanus _____ Physician _____ Telephone _____
 Special Participant health issues (mark all relevant; attach documentation if necessary):
 Good Health Asthma Prescriptions Allergy Chronic Condition
 Mental Health Diabetes Custody Issue Seizure Other _____

CHOOSE A SESSION

- Session 1 9 am to 3 pm Monday through Friday June 15-19, 2010
- Session 2 9 am to 3 pm Monday through Friday June 22-26, 2010
- Session 3 9 am to 3 pm Monday through Friday July 13-17, 2010
- Session 4 9 am to 3 pm Monday through Friday July 20-24, 2010

PAYMENT

Tuition & Fees (make checks payable to *the Colonial Camp*) \$309.00
 Deposit (minimum \$100.00; after May 15 full payment required) \$ _____ .00
 Outstanding balance \$ _____ .00
 Check Credit (*All major cards*) No. _____ - _____ - _____ Exp. ____/____

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 and name for promotional purposes.

Signature _____ Date _____



The Colonial Camp

WEB: www.ColonialCamp.com EMAIL: information@ColonialCamp.com
 VOICE: 866.354.6856 FAX: 877.354.6856
 MAIL: 903 North McKay Avenue Dunn NC 28334