

# 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  Siezure  Other \_\_\_\_\_

## CHOOSE A SESSION

..... 9 am to 3 pm ..... Monday through Friday ..... August 2-6, 2010

## PAYMENT

Tuition & Fees (make checks payable to *the Colonial Camp*) \$229.00  
 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

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