

2008 CAMP FAIRWOOD YOUTH REGISTRATION FORM

Parents or Guardians:
Please completely fill out and sign – please print

Camper's Name _____
Last First

Male Female

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number, with area code: () _____

Camper's Birthday _____ Grade Next Fall _____

First time camper at Camp Fairwood? Yes No

Church Name and City _____

I would like to be a cabin mate with: _____

- Give one name
 Yes, I would like to go horseback riding!
 Yes, I would like to play paintball!

Father's Full Name _____

Work or Cell Phone () _____

Mother's Full Name _____

Work or Cell Phone () _____

You may register for the grade just completed or entering:

- Junior Camp I (3rd and 4th grades) July 7 - 12 \$205
 Junior Camp II (5th and 6th grades) July 21 - 26 \$205
 Junior High (7th and 8th grades) July 28 – Aug 2 \$225
 Senior High (9th thru 12th grades) July 14 - 19 \$235

Payment Information: Please fill out the chart below
Make all check payable to: CAMP FAIRWOOD

Check Visa Master Card

CC Number: _____

Expiration Date: _____

Cost of Camp: (see above).....\$ _____

Paintball: Junior campers - \$5.00
All other campers - \$12.00
(additional rounds of paint may
be purchased for \$4.00 per one hundred)..... \$ _____

Horseback Riding: (\$15 per rider)\$ _____

Discounts That May Apply:

Recruiting a first time camper
(not immediate family) – minus \$25 \$ _____
Additional children in **immediate family**
2nd child – minus \$20..... \$ _____
3rd child (or more) minus \$40.....\$ _____
Christian Workers –minus \$50
(When taking this discount,
no other discount applies)..... \$ _____

Subtotal.....\$ _____

Amount Enclosed (a registration deposit
of at least \$50 is required – deduct from total).....\$ _____

Balance Due upon Arrival.....\$ _____

HEALTH INFORMATION FORM

MUST BE COMPLETED BY PARENT/GUARDIAN

Camper's Name _____
Last First

Birthday _____

Family Doctor _____

Doctor's Phone # _____

Health Insurance Company: _____

Policy Number: _____

Are there any health or behavior conditions of which Camp Fairwood should be aware?

For the health and safety of the all, we request that campers with a communicable disease not be sent to camp. We appreciate your cooperation and understanding in this matter of public health.

Date of last Tetanus booster _____ Are immunization records up to date?
() Yes () No

Note any specific allergies:

Medications taken regularly?

Reasons for taking medication

All medications must be kept in its original, labeled containers and turned in to the Camp Nurse upon arrival.

IN CASE OF EMERGENCY, I understand every effort will be made to contact a parent or guardian. In the event one cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure treatment for, and to order injection, anesthesia or surgery for my child as named above.

My signature below also gives permission for the above child to attend camp and to participate in all activities, including those off site. I also realize that my child's picture or testimony may be used in the promotion of the camp.

Name of
Parents/Guardians _____

Address _____

City/State/Zip _____

Emergency phone numbers (give two):

() _____

() _____

Parent's or Guardian's Signature _____

Date _____