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Camp Registration Form

Camp 1: July 22-24 Camp 2: Aug 11-13 Times: 9:00am – 3:00pm Cost: $300 each

($50 discount for repeat campers! Must attend Camp 1 and 2 to qualify)

A non-refundable $100 deposit (per camp) is due with this form to hold your spot with the balance due by the 1st of the camp month. Refunds (excluding your $100 deposit) will be granted up until the 2nd of each camp month ONLY.

Camper's Full Name:_____ M:____ F:____

Date of birth:_____ Health insurance carrier: _____

Parent/Guardian: _____

Address:_____

Phone (H):_____ Phone (W):_____ Phone (C):_____

In Case of Emergency Please Contact:

Name:_____ Phone:_____

DarCol Stable has my permission to use any photograph of my child taken during his/her enrollment at a DarCol camp. These pictures may be used for promotional and sharing purposes on our website or Facebook page. Yes _____ No _____

Camper's Medical History:

Please list any known allergies, past illnesses/surgeries, regularly taken medications, etc. below:

_____

Date of Last Tetanus Immunization:_____

Camper's Medical Information:

Physician's name:_____ Phone:_____

Dentist's name: _____ Phone: _____

If the above physician is not available, do you consent to have the emergency room physician treat you/your child? Yes ____ No____ Hospital preference: _____

I hereby authorize DarCol Stable and its associates to sign any paperwork to have me/my child treated in the event of an emergency.

_____ _____

Student or Parent/Guardian signature Date