

CAMP COVENANT



-REGISTRATION-

NAME: _____ **GRADE (Fall '10):** _____ **BIRTHDATE:** _____
ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
PARENT'S NAME: _____ **HOME PHONE:** _____
OTHER PHONE: _____ **E-MAIL:** _____

CAMP INFORMATION:

CAMP NAME	WEEK/DATES	TIME	AGE GROUP	COST

REGISTRATION:

Registration begins on Tuesday, March 30. Camps fill up fast! Registration will be made on a first come, first served basis.

PAYMENT:

Please make checks payable to CCS. Add "Camp Covenant" to the memo section. A \$25 non-refundable deposit for each camp is due at the time of registration. The balance of the cost is due on the first day of camp. **PLEASE NOTE-** checks for Catawba Basketball Camp and Charlotte Eagles Soccer Camp must be made payable to these organizations.

CANCELLATION:

Camps with low enrollment are subject to cancellation. If cancellation occurs, registrants will be contacted and the \$25 deposit will be refunded.

Camp Covenant is open to all families in the community! Please feel free to pass this information along to friends and neighbors!

If you have any questions about Camp Covenant, please contact Covenant Classical School at (704) 792-1854.

(PLEASE COMPLETE REVERSE SIDE)

contact information

Child's Name: _____

Mother's Name: _____ Preferred Phone #: _____

Father's Name: _____ Preferred Phone #: _____

Provide name of person to contact in case of emergency when neither parent can be located by phone:

Emergency Contact Name: _____ Relation: _____

Home Phone #: _____ Cell Phone: _____

I grant permission for my child's photograph (no name) to be used in any advertisement or on the CCS website without any compensation. YES NO

emergency medical information

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Below, please list any pertinent health or medical information and instructions or special problems (allergies, drug allergies, asthma, prescriptions, etc.)

Insurance Information (must be complete):

Subscriber's Name (parent): _____

Insurance Company: _____ Coverage (medical, dental): _____

ID#: _____ Group #: _____

Insurance authorization phone: _____ Preferred local hospital: _____

To The Attending Physician or Hospital:

Permission is hereby granted for you, at the discretion of the staff or chaperone of Covenant Classical School to perform whatever care is necessary for the welfare of my child until such time as you are able to reach me personally.

waiver

Although I expect all reasonable safety procedures to be followed at Camp Covenant, I will not hold the staff at Covenant Classical School or Camp Covenant nor any volunteer working with the group liable for any accident which may occur.

In case of a minor emergency (cuts, scratches, etc.), I (we) give permission to the staff to treat these as they deem necessary. In the event of a more serious emergency, I give permission for it to be handled in the best manner as determined by the staff of Camp Covenant until I can be contacted.

A parent's signature below indicates the parent's agreement with the Camp Covenant policies and procedures outlined on both sides of this registration form.

Parent or Guardian Signature

Date