

COASTAL EMPIRE CHRISTIAN CAMP 2019 REGISTRATION FORM

Register by mail by sending completed form to:
Coastal Empire Christian Camp, PO Box 202, Sylvania, GA 30467

Elementary School (1st-5th Grades): June 16th – 21st | Middle School (6th-8th Grades): June 2nd – June 7th
High School (9th-12th Grades): June 9th – June 14th

Camp Cost: \$185 (\$20 discount if registered before May 20th)
(Families with more than one child attending CECC may deduct \$5 per child)

1. PLEASE CHECK THE CAMP YOUR CHILD PLANS TO ATTEND:

Elementary: June 16-21 Middle: June 2-7 High: June 9-14

2. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Camper: _____ Prefers to be called: _____

M____ F____ Date of Birth: _____ Age: _____ Grade (entering in the fall): _____

Name of Parent/Guardian/Primary Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Email address you check frequently: _____

Best way to contact you? (check one) Home Phone Cell Phone Email

Please send any paperwork via US mail or Please send any paperwork via email

Camper T-Shirt Size (circle one): Youth: XS SM MED LG or Adult: SM MED LG XL XXL XXXL

3. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

Second Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

4. SAFETY INFORMATION (please list all known conditions so we can accommodate your camper's needs)

- Does your camper have any medical conditions, allergies, or special needs the staff should know about?

- Does your camper have any behavioral or emotional issues the staff should know about?

- Is your camper currently taking any medications?

(If so, please label all medications and provide dosage instructions)

- Please check the following medications your child can receive at camp if needed:

Tylenol

Ibuprofen

Benadryl

Pepto-Bismol

Health Insurance Company: _____

Policy Number: _____

Do you currently attend a church: No Yes Church Name: _____

As the parent or legal guardian, I hereby give permission for a health care professional to do what is necessary for the health of my child. I give permission for my child to participate in all camp activities and for the applicant's picture to be used in public relation's materials. We do support and applicant agrees to abide by all Camp Regulations and Policies.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY

DOWN PAYMENT _____ CK# _____ DATE _____

BALANCE DUE _____ CK# _____ DATE _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

I agree to release and discharge Coastal Empire Christian Camp (“CECC”) from and against any loss, damage, liability, and expense as a result of my own use or my child’s use of the facilities. I also agree to release CECC and all of its employees, agents, representatives, volunteer staff, their heirs, executors, and administrators, as well as all other persons, corporations, or other entities that might have any liability to me (the “Released Parties”), from and against any and all damages, actions, claims, and liabilities, whether known or unknown, anticipated or unanticipated, suspected or unsuspected, relating to or arising from any activity, occurrence, or event during the duration of camp.

The laws of the State of Georgia shall govern the rights and obligations of the parties to this Release and the interpretation, construction, and enforceability thereof. I agree that any lawsuit brought against any Released Parties shall be brought solely in Screven County.

By my signature below, I hereby certify that I am of the legal age of consent and that I am a parent or legal guardian of a minor as a guest of CECC. I certify that I have read, understood, and agree, on behalf of myself and the minor participant to the terms contained herein.

PLEASE LEGIBLY PRINT THE FOLLOWING INFORMATION:

Name: _____

Signature: _____

I am the parent or legal guardian of the following minors attending CECC:

Minor: _____ Relationship: _____

Minor: _____ Relationship: _____

Minor: _____ Relationship: _____

Minor: _____ Relationship: _____

Minor: _____ Relationship: _____

Have you or your child attended CECC before? No Yes