

2010 Registration Form

Please Enroll _____

At camp for the period checked:

- | | | | | |
|--------------------------|---|----------------|----------------------|-------|
| <input type="checkbox"/> | SUPER KID'S RETREAT <i>Pre-Camp</i> | June 18-19 | AGE 5-GRADE 2 | \$35 |
| <input type="checkbox"/> | KID'S CAMP #1 <i>Beginner (Overnight)</i> | June 20-25 | GRADES 2-4 | \$270 |
| <input type="checkbox"/> | KID'S CAMP #1 <i>Beginner (Day Camp)</i> | June 20-25 | GRADES 2-4 | \$195 |
| <input type="checkbox"/> | KID'S CAMP #2 <i>Junior</i> | June 27-July 2 | GRADES 5-6 | \$270 |
| <input type="checkbox"/> | TEEN CAMP #1 <i>Intermediate</i> | July 4-9 | GRADES 7-8 | \$270 |
| <input type="checkbox"/> | TEEN CAMP #2 <i>Senior</i> | July 11-16 | GRADES 9-12 | \$270 |

BASED ON GRADE IN FALL 2010

Parent/Guardian _____ Phone _____

Email 1 _____ Email 2 _____

All confirmations, invoices, and forms will be sent to Email 1 unless this box is checked: Please mail

Mailing Address _____

City _____ State _____ Zip _____

Father's Name _____

Bus. Phone _____ Cell Phone _____

Mother's Name _____

Bus. Phone _____ Cell Phone _____

CAMPER INFORMATION

Birthdate _____ MALE FEMALE

Grade (FALL '10) _____ Age during camp _____

Preferred Name _____ # of sisters _____ # of brothers _____

We first learned of Camp Dixie through _____

Cabin Bunk Mate* _____

***Campers, please request only one person. Multiple choices will not always be feasible. Requests must be made from both parties to be honored.**

Super Kid's Retreat Only: Parent _____
—One parent must attend with child—

PARENT INFORMATION

Parents: Married Separated Divorced Widowed Other

Children live with _____ If divorced, who has custody? _____

By Making Application:

- ❖ I agree to do the following before camp begins: have my child examined by a physician, make sure my child's immunizations are current, and fill out and return a completed Health History and Examination Form. (Not required for Super Kid's Retreat)
- ❖ Safety is an essential element of the activities we offer. We observe standard safety precautions. Camp Dixie will make every effort to conduct safe programs, to inform our families of inherent risks, and to provide adequate insurance coverage. We believe young people seek adventure, and camp provides an ideal environment for exploring new activities in a safe manner. Examples in our camps include, but are not limited to, such activities as swimming, canoeing, blobbing, and using the water slide, go-carts, and other sports. Camp participants must also assume the infrequent, but inescapable risks with such activities.
- ❖ I give permission for my child to participate in the entire camp program, and give permission for the camp to secure treatment for him/her in case of sickness or other emergency.
- ❖ I give permission to use pictures, in which my child as a camper may appear, in camp brochures, flyers or other promotional literature, both electronic or published and used by the camp.
- ❖ I approve this application and agree to the terms stated. I acknowledge that I understand that there are risks involved in the Camp Dixie activities as described, and I accept this risk as a part of my child's participation.
- ❖ For Super Kid's Retreat: In case of medical emergency, we will notify you immediately. To insure proper medical attention, please sign below so that essential treatment can be administered by qualified medical personnel, if such an emergency should arise.

Signature of Parent or Guardian

Date

PAYMENT INFORMATION

Super Kid's Retreat

Please include total payment of \$35.00 for the camper and one parent— **one parent must attend with child**. (\$10.00 of the total cost is non-refundable and non-transferable if registration is cancelled.)

Summer Camps

Please include \$30.00 non-refundable, non-transferable registration fee (which will be deducted from the total cost of camp).

Method of Payment:

- Enclosed is my check for \$ _____ made payable to: **CAMP DIXIE**
- Please charge \$ _____ to my MasterCard VISA Discover

Acct. # _____ Exp. Date _____

Cardholder's Name _____

Cardholder's Signature _____

Mail this completed form to:

Camp Dixie
373 Bladen Union Church Rd.
Fayetteville, NC 28306

Fax this completed form to:

910-865-4277

Online registration available at:

www.campdixie.com

Need a payment plan? Call 910-865-5180 or email registration@campdixie.com