Camp Faithful Camper Registration Form 2011

Please mail this form Camp Faithful 891 Queen Street #3 Southington, CT 06489 Attn: Youth Camp

Campers name_____

Birth Date:___/___/___ Sex M F Age:_____

Address _____

City/Town_____

State_____ Zip Code _____

E-Mail Address_____ Grade entering in September 2011 _____

Circle one:

Junior Camp July 24th-30th, 2010 **Senior Camp** July31st– August 6th, 2010

Parents/Legal Guardian Names

_____

Camp office space only

Counselor _____

Cabin _____

Payment: cash/check #_____

Contact Phone numbers

Home ( ) - Name_____
Work ( ) - Name_____
Work ( ) - Name_____
Cell ( ) - Name_____
Cell ( ) - Name_____

I give Camp Faithful staff permission to bring my child for medical treatment in the event of an emergency. I will be contacted as soon as my son/daughter has had medical treatment. I will not hold Camp Faithful or its staff responsible for any emergency that may occur.

_____
Parent/Guardian Signature

_____ _____ _____
Insurance Name Member ID Group Number

By signing below, I do hereby authorize and give consent to Camp Faithful under CT.A.C.C.A. to publish my child's photographic or video image in any camp related printed , electronic and/ or video publications including our website. I have been assured, and it is my understanding, that my child's photographic or video image shall be used for the publicity of camp faithful and shall not be used for any commercial purposes whatsoever.

I do hereby waive any claim for compensation for the use of my child's photographic / video image.

DATE:___ /_____/_____ _____
Signature of parent or guardian