



## Summer Camp 2010

### Camp Registration

Form must be completed and **notarized** and received before camper is officially registered for camp

Campers Last Name _____ First _____ Address _____ City _____ State _____ Zip _____ DOB (mm/dd/yy) _____ Age at time of camp _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Social Security # _____ - _____ - _____ Parent/Guardian Name _____ Home Phone _____ Fax _____ Work Phone _____ Cell Phone _____ Email _____ Has camper attended camp before Y/N if yes Where _____ When _____	Please Attach Photo Here
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### Three Emergency Contacts (not parents)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

### Camper Medical Information

Diabetes  Strokes  Cancer  Tuberculosis  Back Pain/Injury  Head injury  Broken Bones

Explain \_\_\_\_\_

Congenital Abnormalities \_\_\_\_\_

Surgical History \_\_\_\_\_

Allergies (food, medical, other) \_\_\_\_\_

List medications to be taken at camp with dosage \_\_\_\_\_

Any other medical conditions Camp Illahaw should be aware of \_\_\_\_\_

Is camper covered by medical insurance?  Yes  No If yes please include a copy of policy

### For Office Use Only

Deposit Rec. \_\_\_/\_\_\_/\_\_\_ Final Rec. \_\_\_/\_\_\_/\_\_\_

Med \_\_\_\_\_ Horse Liab. \_\_\_\_\_ Confirm Call \_\_\_\_\_ Confirm Pack \_\_\_\_\_ Zip Form \_\_\_\_\_

## Enrollment Agreement

I/We have read and understand the terms, policies, and requirements of attending Camp Illahaw at Forever Florida and understand that signing this agreement confirms compliance. I/We give complete authorization for a representative of Forever Florida/Florida Eco-Safaris to request and receive any medical treatment in the event of need. I/We accept full responsibility for the payment of any and all medical services provided. I/We release and hold blameless the employees, volunteers, and Board of Directors of Florida Eco-Safaris, Inc. from any and all claims of liability past, present, and/or future. I/We accept the financial responsibility for any and all damage to facilities or personal property of which our Child is found to be responsible. I/We acknowledge that Florida Eco-Safaris Inc. owns and has discretion over the use of all photographs and recordings created while the Child is at camp. I/We understand that the total Camper Tuition must be paid in full two weeks in advance to the scheduled arrival date and that any and all deposits, fees, and/or tuition amount paid is non-refundable even should the camper choose not to attend, go home during camp, or be expelled due to dishonest, disrespectful, or violent behavior.

## Parent/Legal Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_

***This document must be notarize***

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_ who is known to me.

## Camp Date:

June 13-19     June 20-26     June 27-July 3     July 4-10  
 July 11-17     July 18-24     July 25-31     August 1-7

## Payment:

*Make Checks payable to: Florida Eco-Safaris*

Summer Camp Sessions **\$450.00**

Deposit of \$150.00 per child is due with registration

## Payment Options

Check # \_\_\_\_\_

Please charge:  Deposit of \$150.00                      Card # \_\_\_\_\_

Full payment of \$ \_\_\_\_\_                      Expiration Date \_\_\_\_\_                      CCV \_\_\_\_\_

Balance of \$ \_\_\_\_\_ on \_\_\_\_\_                      Billing Zip Code \_\_\_\_\_

Authorized signature \_\_\_\_\_

*Charge will appear as **Cypress Restaurant***

## Mail To:

Camp Illahaw at Forever Florida  
4755 N. Kenansville Rd Saint Cloud, Fl. 34773  
1-866-854-3837; 407-957-9794  
Fax 407-957-1227