



## Summer Camp 2012 Camp Registration

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

<p>Campers Last Name _____ First _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>DOB (mm/dd/yy) _____ Age at time of camp _____ Boy Girl</p> <p>Social Security # _____ - _____ - _____</p> <p>Parent/Guardian Name _____</p> <p>Home Phone _____ Fax _____</p> <p>Work Phone _____ Cell Phone _____</p> <p>Email _____</p> <p>Has camper attended camp before Y/N if yes</p> <p>Where _____ When _____</p>	<p>Please Attach Photo Here</p>
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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 EcoSafaris/Allen Broussard Conservancy 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 EcoSafaris at Forever Florida, 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 10-16, 2012

June 17-23, 2012

June 24-30, 2012

July 1-7, 2012

July 8-14, 2012

July 15-21, 2012

July 22-28, 2012

July 29-August 4, 2012

## Payment:

Make Checks payable to: **Allen Broussard Conservancy, Inc.**

Summer Camp Sessions **\$475.00** [FINAL Payment due 2 wks prior to session]

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 \_\_\_\_\_

## Mail To:

Camp Illahaw at Forever Florida  
4755 N. Kenansville Rd Saint Cloud, FL 34773  
1-866-854-3837; 407-957-9794  
Fax 877-293-6403