

**2018 COASTAL EMPIRE CHRISTIAN CAMP
REGISTRATION FORM**

**Register by sending in this completed form with check to
Coastal Empire Christian Camp, PO Box 202, Sylvania, GA 30467**

**A \$50.00 NON-REFUNDABLE DEPOSIT IS DUE WHEN YOU REGISTER.
THE BALANCE OF THE TUITION IS DUE ON OR BEFORE THE FIRST DAY OF CAMP
Phone contact is Priscilla Ferguson at 912-667-7190**

NAME _____ Male/Female _____ Date of Birth _____ Age _____ Grade Entering _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Parent/Guardian _____ Church _____

Emergency Contact: Name _____ Emergency Phone # _____

T-SHIRTS ARE INCLUDED IN THE PRICE OF CAMP, CIRCLE SIZE THAT FITS CAMPER
YS (6-8), YM (10-12), YL (14-16), AS S, M, L, XL, 2XL,3XL, 4XL AND 5XL

CAMP WEEK YOU WILL BE ATTENDING (Grade you are entering in the Fall):

**Middle & High School
Cost Schedule**

**\$155 if registered by 5/18
\$175 AFTER 5/18**

**Families with more than
one sibling going to camp
deduct \$10.00 per child.**

_____ MIDDLE SCHOOL 6th- 8th

JUNE 3rd JUNE 8th

_____ SENIOR HIGH 9th- 12th

JUNE 10th- June 15th

_____ ELEMENTARY 3rd- 5th grade

JUNE 17th- June 22nd

_____ ELEMENTARY 1st- 2nd grade

JUNE 17th-19th

**Elementary
Cost Schedule**

3rd-5th Grade

**\$135 if registered by 5/18
\$155 AFTER 5/18**

1st-2nd Grade \$65

MUST BRING A PARENT

**Families with more than
one sibling going to camp
deduct \$10.00 per child.**

MEDICAL HISTORY

Health Concerns: _____

Does your child have any current medical problems or restrictions on activities? _____ Yes _____ No
If yes, please send a note explaining restrictions.

PLEASE LABEL ALL MEDICATIONS AND GIVE THEM TO THE CAMP NURSE UPON ARRIVAL TO CAMP.

Can your child be given Tylenol or Ibuprofen? _____ Allergies: _____

Health Insurance Company _____

Policy Number _____

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 in camp activities to be used in public relation's materials. I release the camp and its management from liability in case of accident or illness. We do support and applicant agrees to abide by all Camp Regulations and Policies.

Signature _____ DATE _____

OFFICE USE ONLY

DATE _____ DOWN PAYMENT _____ CK # _____ BALANCE DUE _____ CK # _____ DATE _____