

# FALCON'S NEST REGISTRATION FORM

**Registration opens March 20, 2009**

Please use one form per child, 3 yr. old through rising K-5

NAME \_\_\_\_\_

AGE \_\_\_\_\_

PARENTS \_\_\_\_\_

WORK PH.# \_\_\_\_\_

HOME PH.# \_\_\_\_\_

CELL PH.# \_\_\_\_\_

HEALTH INS. CO \_\_\_\_\_

POLICY # \_\_\_\_\_

DOCTOR \_\_\_\_\_

PH.# \_\_\_\_\_

**EMERGENCY CONTACT PERSON IF WE  
ARE UNABLE TO REACH YOU**

NAME \_\_\_\_\_ # \_\_\_\_\_

## MEDICAL RELEASE

I understand that adequate supervision will be given at the Lee Christian Summer Camp for the safety of the campers. I understand that if my son/daughter should be injured at the camp, the camp staff or school will not be held responsible.

I give my permission for my child,

\_\_\_\_\_ to participate in the camp activities.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

This form must be completed and signed on both sides, and returned to the school before camp begins.

Send To:

**LEE CHRISTIAN SUMMER CAMP  
3220 KELLER ANDREWS ROAD  
SANFORD, NC 27330**

Please include the \$20 per week *non-refundable registration fee* for your camper, as well as the signed medical release on the back of this form. Make your check payable to, **LCS CAMP**. (Example: Registration for 2 weeks = \$40.00; for 4 weeks = \$80.00) **(The balance for each week must be paid on each Monday of the camp week.)**

Check the weeks you are registering for:

\_\_\_\_\_ June 15-19      Heroes

\_\_\_\_\_ June 22-26      Water

**CLOSED** June 29 - July 3

\_\_\_\_\_ July 6-10      Circus

\_\_\_\_\_ July 13-17      Beach

\_\_\_\_\_ July 20-24      Science

\_\_\_\_\_ July 27-31      Animals

\_\_\_\_\_ Aug. 3-7      Pioneers