

FLYING FALCONS REGISTRATION FORM

Registration opens March 20, 2009

Please use one form per child, rising 4th through 6th grade

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 **Music**

_____ July 13-17 **Beach**

_____ July 20-24 **Science**

_____ July 27-31 **Animals**

_____ Aug. 3-7 **Pioneers**