

# LITTLE FALCONS REGISTRATION FORM

Registration opens March 15, 2010

Please use one form per child, rising ~~1st~~ through 3rd grade

K5

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.

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 14-18      Heroes

\_\_\_\_\_ June 21-25      Water

\_\_\_\_\_ June 28-July 2      Circus

**CLOSED July 5 - 9**

\_\_\_\_\_ July 12-16      Beach

\_\_\_\_\_ July 19-23      Science

\_\_\_\_\_ July 26-30      Animals

\_\_\_\_\_ Aug. 2-6      Pioneers

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