



**'A culmination of teachable moments'**  
**Weekend Camping Excursion**  
**For Boys**  
**Darrell's Island-Ages 8-12**



**Senior Camp Counselors: Keishen Bean, Darius Cox, Anthony Bascome**

**Please complete and return this form along with \$200.00 per camper to:**

**[HSBC ACCOUNT: T.BEAN 010-754620-013]**

You will receive a confirmation upon receipt of this registration form.  
 Once Confirmed, Please make the transfer for the Full amount.

**Applicant Information**

Camper's Name:		
Date of birth:	Age:	
Current address:		
Parish:	Postal Code:	

**Parent/Guardian Information**

Contact #1:		
E-mail:		
Home Phone:	Work Phone:	Cellular:
Relationship:		

Contact #2:		
E-mail:		
Home Phone:	Work Phone:	Cellular:
Relationship:		

**Emergency Contact IF PARENT/GUARDIAN CANNOT BE CONTACTED**

Name:		
Home Phone:	Work Phone	Cellular:
Relationship:		

**Camp Rates**

**\$200.00** per camper (Payment is due in full when placement has been confirmed)

**Camp Dates – Check Applicable Dates**

CAMP 1: July 9th - 11th Adventure Edition  
 CAMP 2: August 25th - 27th Sports Edition

**T-Shirt Size:** YS \_\_\_ YM \_\_\_ YL \_\_\_ YXL \_\_\_ ADULTSM \_\_\_ ADULTM \_\_\_ ADULTL \_\_\_ ADULTXL \_\_\_

**Medical Information – Please List**

Physician:	Phone:
Medication currently taking:	<input type="checkbox"/> Prescription <input type="checkbox"/> Non Prescription
I give my child permission to self-administer their prescription medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give my child permission to self-administer their non prescription medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child is aware that they cannot share any medication with other campers	Camper Initials:
Initial if you approve of appropriate administration of the following medicines by camp counselors	
Tylenol_____	Benadryl_____ Tums_____

**Allergies**

Allergic to:	Medication prescribed:
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Special Instructions:

**Drop off and Pick up**

**Drop off: Friday 5:30pm | Pick up: Sunday 3:00pm | Location: Albouy's Point**

**My child can be collected by:**

Name:	Relationship:
Name:	Relationship:

**PARTICIPATION AGREEMENT & REFUND POLICY  
PLEASE READ & SIGN THIS STATEMENT**

I enroll my child in FunCamps Camping Excursion. In signing this application, I certify that my child has not come into contact with anyone who has tested positive for COVID-19. I have supplied the camp counselors with my child's negative antigen test taken one (1) day prior to camp departure date.

**I understand that reserved space may not be held without deposit and/or full payment. REFUND/CANCELATION POLICY: A full refund is available if canceled 72 hours before the start of camp. There will be no refunds if canceled after this time period. Extenuating factors may be considered.**

I grant permission for the applicant to participate in all planned camp activities. I grant FunCamps and its counselors full authority to take whatever actions they deem necessary regarding my child's health and safety, and I fully release FunCamps from any liability in connection there within. In the event of an emergency, I understand that prudent attempts will be made to contact the undersigned immediately.

I understand that my child must comply with the camp's rules and standards of conduct and that if deemed necessary, FunCamps may terminate my child's participation in the camp program if he does not maintain these standards.

I understand that FunCamps is not responsible for lost, stolen, or damaged personal articles.

I authorize FunCamps to own and have full right of disposition to any video film, footage, sound recordings, and photo reproductions of the camper named on this contract.

I acknowledge that with participation carries risk of physical injury. I agree that FunCamps, and its employees shall not be liable for any injury or damage, howsoever caused, resulting directly or indirectly from my child's participation in FunCamps.

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Print name of Parent or Guardian:</b>	
<b>Camper Name:</b>	

**To be completed by administration:**

Sponsored	Y	N
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