



**NEW EBENEZER RETREAT AND
CONFERENCE CENTER
Band Camp Registration Form 2019**

(For office use only)

DATE PAID:

Cash Money Order
Check #:

Camper Information

Name (First, Middle, Last) _____ Sex F M Date of Birth _____
 School Name _____ Current Grade (2018-2019) _____
 Mailing Address _____ City _____ State _____ Zip _____
 T-Shirt Size (circle one): **Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL**
 Instrument _____ Band Director _____ Years Played _____

Parent/Guardian #1 Information

Name _____ Relationship to Child _____
 Mailing Address _____ City _____ State _____ Zip _____
 Phone Number (cell) _____ Phone Number (work/other) _____
 Email Address _____ Allowed to pick up camper? Y N

Parent/Guardian #2 Information

Name _____ Relationship to Child _____
 Mailing Address _____ City _____ State _____ Zip _____
 Phone Number (cell) _____ Phone Number (work/other) _____
 Email Address _____ Allowed to pick up camper? Y N

Emergency Contact #1 (Other than parents)

Name _____ Relationship to Child _____
 Phone Number (cell) _____ Phone Number (work/other) _____
 Email Address _____ Allowed to pick up camper? Y N

Emergency Contact #2 (Other than parents)

Name _____ Relationship to Child _____
 Phone Number (cell) _____ Phone Number (work/other) _____
 Email Address _____ Allowed to pick up camper? Y N

Camper Name: _____ Date of Birth: _____

Please use one form per camper.

SELECT	CAMP	DATES	CAMPER FEE	NOTES
	Band Camp (Rising 7th-9th Grade)	June 9-12, 2019	\$285	3:00-4:00 pm check in June 9 4:30-5:30 pm check out June 12

*Full registration fee is due by May 30, 2019 at the end of the day by check or cash.

Band Camp is an overnight summer camp week. **Concert at New Ebenezer Retreat Center on June 12.

Permission is given to use photos of my camper in groups for publicity and/or on the retreat website. **Yes No**

Vital Health Information (attach additional sheet if needed for more details)

List any allergies

Date of last Tetanus shot _____

Any major medical problem in the last year or any prescription drugs being used at the present time?

Major medical insurance co. _____ Policy Number _____

This application is filled to the best of parents/guardians' ability and is true to their knowledge. Parents and campers agree to statements and will not hold camp or staff responsible for any accident caused by negligence on the part of the campers. Both the camper and parent(s) have read and understood camp rules from the web site, www.newebenezer.org/.

Camper Name: _____ Date of Birth: _____

Camper Signature _____ Date _____

I hereby certify that the above named camper is in good physical condition with no problem that would make it unsafe for him/her to engage in any athletic activities such as competitive games, running, hiking, swimming, or otherwise. If medicines will be provided to camp staff, permission is given to provide these medications to camper after successful completion of the Medication Authorization Form upon arriving at camp on the first day.

I hereby give approval for Emergency Care to be administered.

Parent Signature _____ Date _____

Printed Name _____ Best Phone Number _____

Camper Transportation Information (if different than stated drop off and pick up)

Camper will arrive at _____ AM PM each day and depart at _____ AM PM each day.

Comments:

REGISTRATION FORM AND FEE DUE BY MAY 30
Cash, check, or money order may be dropped off or mailed to:

ATTN: Paige Lauri – Summer Camp
2887 Ebenezer Road
Rincon, GA 31326