



**NEW EBENEZER RETREAT AND
CONFERENCE CENTER
Band Camp Registration Form 2020**

(For office use only)

DATE PAID:

Cash Money Order
Check #:

Camper Information

First and Last Name _____ Nickname? _____

Sex F M Date of Birth _____ School Name _____

Current Grade (2019-2020) _____ T-Shirt Size _____

Mailing Address _____ City _____ State _____ Zip _____

Instrument _____ Band Director _____ Years Played _____

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

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) _____

Allowed to pick up camper? Y N

Emergency Contact #2 (Other than parents)

Name _____ Relationship to Child _____

Phone Number (cell) _____ Phone Number (work/other) _____

Allowed to pick up camper? Y N

Camper Name: _____ Date of Birth: _____

SELECT	CAMP	DATES	CAMPER FEE	NOTES
	Band Camp (Rising 7th-9th Grade)	June 15-19, 2020	\$285	5:00-6:00 pm check in June 15 Concert June 19 at 6:00 pm

*Full registration fee is due by May 29, 2019 at the end of the day by check, cash, or card (with surcharge).

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

List any allergies

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 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 _____

Comments:

REGISTRATION FORM AND FEE DUE BY MAY 29
Cash, check, or money order may be dropped off or mailed to:

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