

# HERITAGE DAY CAMP 2008      APPLICATION

CAMPERS LAST NAME:                      FIRST                      MIDDLE                      PREFERRED NAME

DATE OF BIRTH                      AGE                      GRADE COMPLETED AS OF JUNE 1st                      SEX

MAILING ADDRESS                      CITY                      STATE                      ZIP

HOME PHONE                      SCHOOL ATTENDS

FATHER OR LEGAL GUARDIAN CHILD LIVES WITH                      PHONE                      PAGER/CELL

MOTHER OR LEGAL GUARDIAN CHILD LIVES WITH                      PHONE                      PAGER/CELL

NAME OF CHURCH CAMPER ATTENDS                      PASTOR

**Registration Fee Of \$10.00/Wk Is Due When Submitting This Application**

PLEASE INDICATE WHICH WEEKS YOU ARE REGISTERING FOR :

<b>WEEK 1</b> 5/27—5/30 ( closed on 5/26)	<b>WEEK 6</b> 6/30—7/3 ( closed on 7/4 )
<b>WEEK 2</b> 6/2—6/6	<b>WEEK 7</b> 7/7—7/11
<b>WEEK 3</b> 6/9—6/13	<b>WEEK 8</b> 7/14—7/18
<b>WEEK 4</b> 6/16—6/20	<b>WEEK 9</b> 7/21—7/25
<b>WEEK 5</b> 6/23—6/27	<b>Week 10</b> 7/28—8/1

**APPLICATIONS RECEIVED BEFORE MARCH 1st ..... REGISTRATION FREE**

### Checks Payable To : Heritage Day Camp

We/I have read the "HERITAGE DAY CAMP" information brochure and agree to have our/my child attend HERITAGE DAY CAMP and to participate in all camp activities. We/I also agree to have our/my child cooperate with the camp policies and follow the instruction of the camp staff. We further understand that HERITAGE DAY CAMP reserves the right to discipline any camper who does not cooperate, including the discipline of suspension and/or dismissal of the camper.

We/I also agree to indemnify and save OAKSIDE BAPTIST CHURCH, and HERITAGE DAY CAMP, it's employees and agents harmless from any liability and/or medical payments ( other than policy limits of church insurance policies). We/I also give permission for our/my child's picture to be used in any future church presentations or publications.

We/I the undersigned parents/guardians of \_\_\_\_\_, also hereby authorize the staff of HERITAGE DAY CAMP to transport or have transported our/my child to a physician or hospital and also hereby authorize emergency treatment as deemed necessary by said physician or hospital in case of injury or emergency. ( parents will be contacted beforehand, if at all possible )

SIGNATURE— PARENT/LEGAL GUARDIAN ONLY                      SOCIAL SECURITY #(last four only)                      DATE

**HERITAGE DAY CAMP    1921 HAMILTON RD.    LAGRANGE, GA 30241    706 - 882 -7728**  
**A MINISTRY OF OAKSIDE BAPTIST CHURCH**

