

# Camp Eagle Ridge

## 2016 Summer Camp Registration

CAMP HOURS 8:00-3:30

spaces very limited  
M- JUNE 6<sup>th</sup> \_\_\_ T - JUNE 7<sup>th</sup> \_\_\_ TH – JUNE 9<sup>th</sup> \_\_\_ F - JUNE 10<sup>th</sup> \_\_\_

Special Needs Kids: JUNE 6<sup>th</sup> \_\_\_ June 7<sup>th</sup> \_\_\_ (no charge)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Special Needs: \_\_\_\_\_

If parents are not available in an emergency, please notify:

1. \_\_\_\_\_ Home /cell# \_\_\_\_\_

Please list any allergies or diet restrictions: \_\_\_\_\_

\_\_\_\_\_ You may photograph my child and use the pictures on the Camp Eagle Ridge website or for other camp related promotional purposes.

### \* Waiver and Release of Liability / Parent Consent:

Camp Eagle Ridge, its workers and volunteers, will take every precautions and measures to ensure the the safety of all of its participants. Yet, I fully understand that participation in physical activities such as wall climbing, obstacle course, challenge course, zip line and other camp related activities may lead to serious injuries and even death. Nevertheless I give my permission for my child/ self to participate in the Camp Eagle Ridge programs. Furthermore, I release, and hold harmless all employees, volunteers, board members of Camp Eagle Ridge from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future for injuries, illness or death that might occur during camp programs. I also verify that to the best of my knowledge the above named camper /volunteer is physically able to fully participate in all camp activities.

\_\_\_\_\_  
Name of Parent / Guardian Printed

\_\_\_\_\_  
Signature Parent/ Guardian

\_\_\_\_\_  
Date

For questions or for more information, please call 601-626-8885

email: dlr112879@aol.com

www.campeagleridge.org