

**COASTAL EMPIRE CHRISTIAN CAMP
2012 REGISTRATION FORM – CAMP THEME: “IN POWERED” ACTS 1:8**

Register online at www.cecc-online.com or send in this completed form to
Columbia County Christian Church, 4004 Prescott Drive, Martinez, Georgia 30907, Attention: Christy Brown
PLEASE INCLUDE A \$10.00 NON-REFUNDABLE DEPOSIT WHEN YOU REGISTER.

NAME _____ Male/Female _____ Date of Birth _____ Age _____ Grade Entering _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ E-Mail _____
Parent/Guardian _____ Church _____
Emergency Contact: Name _____ Emergency Phone # _____

CAMP WEEK YOU WILL BE ATTENDING (Grade you are entering in the Fall):

ALL CAMP FEES INCLUDE CANTEEN FEES. ALPHA PARENTS: IF YOU ARE STAYING AT CAMP WITH YOUR CAMPER, PLEASE FILL OUT A REGISTRATION FORM AND PAY \$20.00 TO COVER THE COST OF YOUR FOOD. IF YOU ARE NOT PART OF THE CAMP STAFF, YOU ARE CONSIDERED TO BE A VISITOR AND MUST PAY \$5.00 PER MEAL TO COVER THE COST OF FOOD. YOU MUST NOTIFY THE DEAN BEFORE VISITING.

- _____ ALPHA CAMP (K-1st) June 10-12 - \$100.00 – Stephen McMillen, Dean
- _____ JUBILEE (2nd & 3rd) June 13-15 - \$125.00 – Stephen McMillen, Dean
- _____ MIDDLEL (4TH & 5TH) – June 17-22 - \$170.00 – Tommy Wood, Dean
- _____ SENIOR HIGH (9th – 12th) – June 24-29 – \$170.00 – Josh Peters, Dean
- _____ Jr. High (6th – 8th) – July 1- 6 - \$170.00 – Eric Owens, Dean

**TO PRE-ORDER A CAMP THEME T-SHIRT, PLEASE
INCLUDE \$12.00 WITH YOUR PAYMENT AND CIRCLE THE
CORRECT SIZE BELOW:
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MEDICAL HISTORY - Check any of the following health concerns:

_____ Heart Murmur _____ Diabetes _____ Asthma _____ Epilepsy
_____ Ear Infections _____ Recent Head Injury _____ Heart Disease _____ Hay Fever

Other Health Concerns: _____

Does your child have any current medical problems or restrictions on activities? _____ Yes _____ No
If yes, please send a note explaining restrictions.

PLEASE LABEL ALL MEDICATIONS AND GIVE THEM TO THE CAMP NURSE UPON ARRIVAL TO CAMP.

Can your child be given Tylenol or Ibuprofen? _____ Allergies: _____

Health Insurance Company _____

Policy Number _____

As the parent or legal guardian, I hereby give permission for a health care professional to do what is necessary for the health of my child. I give permission for my child to participate in all camp activities and for the applicant's picture in camp activities to be used in public relation's materials. I release the camp and its management from liability in case of accident or illness. We do support and applicant agrees to abide by all Camp Regulations and Policies.

Signature _____ DATE _____

**CONFIRMATION WILL BE SENT VIA MAIL
OR E-MAIL. CALL 706-863-0535 IF YOU DO
NOT RECEIVE CONFIRMATION WITHIN 2
WEEKS.**

OFFICE USE ONLY
DATE _____
DOWN PAYMENT _____ CK # _____
BALANCE DUE _____
CK # _____ DATE _____