

Application for Pepperland Music Camp 2010 July 11-23

Registration: Cost for music camp is \$1200.00. Camp is limited to twenty children, so make your plans now. A \$450.00 non-refundable deposit is due upon registration before April 1st, late registrations accepted until camp is full. Balance is due no later than June 1st. * Please note that registration and deposit are required to hold a space

CHILD'S NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

PARENT EMAIL: _____ CAMPER'S EMAIL _____

DOCTOR: _____ DOCTOR'S PHONE: _____

CHILD'S BIRTHDAY: _____

PLEASE RATE YOUR CHILD'S SWIMMING ABILITIES: _____

MEDICAL CONSIDERATIONS: _____

Does the camper have any medical conditions, allergies, emotional/ behavioral issues, or any other issues that the staff should know about? This is very important information, as it helps us provide the best care and supervision we can. All medical/behavioral information will be kept confidential, and shared only with the camp nurse and staff as necessary to provide proper care. Please include any medications the camper is taking.

IS THERE ANY OTHER INFORMATION THAT WOULD HELP US IN CARING FOR YOUR CHILD?

Please mail form and deposit to:
Pepperland Farm Camp
695 Hayford LN
Murnhv NC 28906

For more information call:
Tel: 828-494-2353
E-mail info@pepperlandfarmcamp.org
Corey at: wlfr@bellsouth.net
Khalisa at: khalisat@bellsouth.net

In consideration of the right to visit Pepperland, I assume all risks to my family, my agents, or my property, and hold Pepperland, Khalisa Taylor, Corey Walker, all Directors, Officers, employees, and agents thereof, from any claim arising out of injury to or by me, my agent or any member of my family, or my property, whether the result of negligence, or any other cause. This agreement is continuing and shall apply to each and every time I/or my family and/or my agents enter onto this property.

Parent/Guardian Signature

Date _____

Authorization for Medical Care

In the unlikely event that I am rendered unable to communicate by an emergency or accident, I hereby give permission to the medical personnel on staff to secure the proper treatment; hospitalization, anesthesia, and surgery. Please list any health conditions (i.e. special medications, allergies, physical problems) or special circumstances that we should know about. Whom should we notify in case of accident or emergency?

Name, Phone, Relationship

Parent/Guardian Signature

Date _____

Failure to sign the Authorization for Medical care may result in application being denied.