

CAMP DEER RUN

RESIDENT CAMP REGISTRATION FORM

Return with deposit (\$50) or full payment to:
Camp Deer Run, 1227 County Road 4590, Winnsboro, TX 75494
Phone: 903-629-7165 Fax: 903-629-7163

Name of Camper _____ Sex: M ___ F ___

Birth Date _____ Grade Completed _____ Age (at camp) _____

Home Address _____ City _____ State _____ Zip _____

Parent or Guardian _____ E-Mail Confirmation to _____

Home Phone () _____ Work Phone () _____ Church Affiliation _____

Parents Marital Status _____ Camper Lives with _____

Emergency Contact

Name _____

Address _____ Phone _____

Relation to Camper _____

Camp Information

Desired Camp Session _____

T-Shirt Size (Circle One) Child S M L or Adult S M L XL XXL

Cabin Buddy Request (1 only—born in same year) _____

Medical Information

Allergies _____

Special Medical Problems/Handicaps _____

Medication (Name & Dosage) _____

Name & Phone Number of Family Physician _____

Insurance Information: (Please send a copy of your Insurance ID Card with registration)

Name of Insurance Company _____

ID# _____ Insurance Phone Number () _____

Payment Information

Name of Cardholder _____ Visa _____ MasterCard _____

Card # _____ Exp. Date ____/____

We, the undersigned parents, appoint Mr. Ty Ford, Director of Camp Deer Run, and his staff as our agent to:

- 1) In the event of sickness or injury, administer minor medical emergency aid or treatment that they shall deem appropriate for my child.
- 2) In the event of sickness or injury, give consent to any emergency medical procedures, tests or treatments for my child that they shall deem appropriate under the circumstances.

(Parent's Signature)

As a part of this application, permission is given to use my child's picture in Camp Deer Run publications

BALANCE DUE TWO WEEKS BEFORE SESSION BEGINS

2009 CAMP SCHEDULE		
1st	June 7-12	\$195
2nd	June 14-26	\$380
3rd	June 28-July 3	\$195
4th	July 5-17	\$380
5th	July 19-31	\$380
6th	Aug. 2-7	\$195