APPLICATION FORM – CAMP FASOLA 2010

SESSION (Select one):	*___June 13-June 17 @ Camp McDowell (Adult Emphasis)*	*Adult $400 / Youth $200*
	___July 5-July 9 @ Camp Lee (Youth Emphasis)	*Adult $300 / Youth $150*

(Age 19+)

NAME _____ M__ F__ INSURANCE PROVIDER _____

ADDRESS _____ INSURANCE POLICY NUMBER _____

_____ DATE OF BIRTH _____T-SHIRT SIZE_____

MEDICATIONS _____ ALLERGIES/OTHER INFO _____

PHONE _____ EMAIL _____

EMERGENCY CONTACT _____ NAME FOR BADGE _____

WHY YOU WANT TO ATTEND CAMP _____

(Adult) Release for Medical Treatment and Liability and Agreement to Camp Rules

I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the camper. Knowing that participation in camp activities may result in injuries, I/we hereby waive, release, absolve, indemnify and agree to hold harmless the Sacred Harp Musical Heritage Association, Camp Lee, Camp McDowell, their affiliated organizations, sponsors, employees, and volunteers, including the owners of the facilities utilized for the activities from any claim by or on behalf of the camper arising out of any injury whether the result of negligence, or for any cause as a result of the camper's participation in the programs and /or being transported to or from the same, which transportation I hereby authorize. I agree to follow safety and participation rules of Camp Lee/Camp McDowell and Camp Fasola.

Adult Camper Signature: _____ Date _____

MINOR (Age 18 and under)

NAME _____ M__ F__ INSURANCE PROVIDER _____

ADDRESS _____ INSURANCE POLICY NUMBER _____

_____ DATE OF BIRTH _____

MEDICATIONS _____ ALLERGIES/OTHER INFO _____

PARENT'S PHONE _____ PARENT'S EMAIL _____

PARENT'S NAME_____ T-SHIRT SIZE _____

WHY YOU WANT TO ATTEND CAMP _____

(Minor) Release for Medical Treatment and Liability

As the parent or legal guardian of the above named camper, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. I/We the parent/guardian of the above named camper, a minor, hereby give my/our approval for said registrant to participate in any and all Camp Fasola activities, including transportation to and from the activities. Knowing that participation in camp activities may result in injuries, I/we hereby waive, release, absolve, indemnify and agree to hold harmless the Sacred Harp Musical Heritage Association, Camp Lee, Camp McDowell, their affiliated organizations, sponsors, employees, and volunteers, including the owners of the facilities utilized for the activities from any claim by or on behalf of the camper arising out of any injury whether the result of negligence, or for any cause as a result of the camper's participation in the programs and /or being transported to or from the same, which transportation I hereby authorize. I agree for my youth to follow safety and participation rules of Camp Lee/Camp McDowell and Camp Fasola.

Parent/Guardian of Minor Camper Signature: _____ Date _____

ADULT CAMP: #____ Age 30+ $400 = $_____ #____ Age 29&under $200 = $_____ TOTAL FEES = $_____

YOUTH CAMP: #____ Age 30+ $300 = $_____ #____ Age 29&under $150 = $_____
(First youth in family $150; all other youth same family $100) #____ Age 29&under $100 = $_____ TOTAL FEES = $_____

DEPOSIT = $_____ Make check payable to *SHMHA Camp Fasola* and mail to the address below. The balance of all fees is due by May 31.

ROOMMATE REQUEST (ADULT SESSION only): _____

COMMENTS: _____

Address: Camp Fasola * 1239 Newbridge Trace * Atlanta, GA 30319 * *camp@fasola.org* * 404.237.1246