



CAMP TOCCOA

REGISTRATION 2010

- Celebrating over 80 years beneath the pine trees -



CAMPER INFORMATION

Last Name: _____ First Name: _____ MI: _____ Nickname: _____
Gender: ___ Date of Birth: ___/___/___ Age: _____ Race: _____ Grade – Fall '10: _____ School: _____
Address: _____ City, State Zip: _____ County: _____
Home #: (____) _____ Email: _____ New Camper? yes no

CABIN MATE REQUEST (one per camper): _____
(Cabin mates must each request one another, be of similar ages and be enrolled in the same program)

PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____ Gender: _____ Relation: _____
Address: _____ City, State Zip: _____ Home #: (____) _____
Email: _____ Work #: (____) _____ Cell #: (____) _____

Last Name: _____ First Name: _____ Gender: _____ Relation: _____
Address: _____ City, State Zip: _____ Home #: (____) _____
Email: _____ Work #: (____) _____ Cell #: (____) _____

EMERGENCY CONTACT INFORMATION

Last Name: _____ First Name: _____ Gender: _____ Relation: _____
Address: _____ City, State Zip: _____ Home #: (____) _____
Email: _____ Work #: (____) _____ Cell #: (____) _____

Last Name: _____ First Name: _____ Gender: _____ Relation: _____
Address: _____ City, State Zip: _____ Home #: (____) _____
Email: _____ Work #: (____) _____ Cell #: (____) _____

Persons authorized to pick up my child:

Persons NOT Authorized to pick up my child:

How did you learn about Camp Toccoa

- | | | |
|-----------------------------------------------------|---------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Atlanta Parent Camp Guide | <input type="checkbox"/> Athens Parent Magazine | <input type="checkbox"/> Other Camp Fire USA Program |
| <input type="checkbox"/> North Point Mall Camp Expo | <input type="checkbox"/> Perimeter Mall Camp Expo | <input type="checkbox"/> Town Center Camp Expo |
| <input type="checkbox"/> Friend (Name: _____) | <input type="checkbox"/> Website (URL: _____) | <input type="checkbox"/> Other: _____ |

PERMISSION/RELEASE

My child has permission to leave camp for local field trips. I understand and certify that my child's participation in Camp Toccoa and its activities is completely voluntary and I have familiarized myself with the camp's programs and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in the camp events and program, particularly, but not limited to, the activities of horseback riding, swimming, rock climbing, high ropes course and rappelling, and I acknowledge that although Camp Toccoa has taken safety measures to minimize the risk of injury to camp participants, Camp Toccoa cannot insure nor guarantee that participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I recognize that the camp's House of Health is staffed by a registered nurse at all times that the camp is in operation. Almost all of the House of Health visits are minor and can be treated by camp's trained personnel. I may not be notified if my child receives minor treatment or medicines. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for the safety of camp participants. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection and/or surgery for my child as named on this form. I understand that both the balance of the camp fee and a signed Health Form are due two weeks prior to the session my child will be attending or the higher fee will be assessed and my child may lose his/her session of choice. If my child is photographed at camp, I authorize Camp Fire USA Georgia Council to use the picture for publicity purposes. I have read and understood the above policy and agree to the terms.

SIGNATURE: _____ DATE: ___/___/___

Please complete the Session and Payment Information on the reverse and submit by:

Email to: director@camptoccoa.org Fax to: (706) 886-5123 Mail to: 92 Camp Toccoa Dr., Toccoa, GA 30577

For questions or more information call: (706) 886-2457 or email: director@camptoccoa.org

CAMPER NAME (PRINT)

Last: _____

First: _____

CAMP TOCCOA REGISTRATION - 2010

Please check all sessions your camper wishes to attend

Office Use:

FrmSrc: MAIL

| Session & Dates | Camp | "Early Bird " Fee | Regular Fee | Age Requirements |
|-----------------------------------|------------------------------------------------------------|-------------------|-------------|------------------------|
| Session 1: June 6-12 | | | | |
| | <input type="checkbox"/> Traditional Camp | \$475 | \$525 | Grades 2-12 |
| | <input type="checkbox"/> Adventure Camp | \$525 | \$575 | Grades 7-9 |
| | <input type="checkbox"/> Change-over weekend (June 12-13)* | \$75 | | |
| Session 2: June 13-19 | | | | |
| | <input type="checkbox"/> Traditional Camp | \$475 | \$525 | Grades 2-12 |
| | <input type="checkbox"/> Adventure Camp | \$525 | \$575 | Grades 10-12 |
| | <input type="checkbox"/> Horse Camp | \$550 | \$600 | Grades 7-9 |
| | <input type="checkbox"/> Change-over weekend (June 19-20)* | \$75 | | |
| Session 3- June 20-26 | | | | |
| | <input type="checkbox"/> Traditional Camp | \$475 | \$525 | Grades 2-12 |
| | <input type="checkbox"/> Adventure Camp | \$525 | \$575 | Grades 7-9 |
| | <input type="checkbox"/> Change-over weekend (June 26-27)* | \$75 | | |
| Session 4- June 27-July 3 | | | | |
| | <input type="checkbox"/> Traditional Camp | \$475 | \$525 | Grades 2-12 |
| | <input type="checkbox"/> Adventure Camp | \$525 | \$575 | Grades 10-12 |
| | <input type="checkbox"/> Horse Camp | \$550 | \$600 | Grades 7-9 |
| | <input type="checkbox"/> Change-over weekend (July 3-4)* | \$75 | | |
| Session 5- July 4- July 10 | | | | |
| | <input type="checkbox"/> Traditional Camp | \$475 | \$525 | Grades 2-12 |
| | <input type="checkbox"/> Adventure Camp | \$525 | \$575 | Grades 7-9 |
| | <input type="checkbox"/> Change-over weekend (July 10-11)* | \$75 | | |
| Session 6- July 11-July 17 | | | | |
| | <input type="checkbox"/> Traditional Camp | \$475 | \$525 | Grades 2-12 |
| | <input type="checkbox"/> Adventure Camp | \$525 | \$575 | Grades 7-9 |
| | <input type="checkbox"/> Horse Camp | \$550 | \$600 | Grades 10-12 |
| | <input type="checkbox"/> Change-over weekend (July 17-18)* | \$75 | | |
| Session 7 July 18- July 31 | | | | |
| | <input type="checkbox"/> Traditional Camp | \$960 | \$1060 | Grades 2-12 |
| | <input type="checkbox"/> Carolina Quest | \$1000 | \$1100 | Grades 10-12 |
| | <input type="checkbox"/> Leaders-In-Training | \$960 | \$1060 | Grade 10 |
| Counselor-In-Training | | | | |
| | <input type="checkbox"/> Second Year: June 6-July 3 | \$1100 | \$1200 | 12 th Grade |
| | <input type="checkbox"/> First Year: July 4-July 31 | \$1100 | \$1200 | 11 th Grade |

*Change over weekend lets your camper create their own two week session

Optional Fees:

| | |
|-------------------------------------------|------------------------------|
| Van transportation from Atlanta to Toccoa | \$30 |
| Van transportation from Toccoa to Atlanta | \$30 |
| Round trip van transportation | \$50 |
| Horseback lessons | \$50 x ____ #of weeks=\$____ |

Discounts:Multiple child discount -\$35 x ____ #of additional children=-\$____
(Discount applies to siblings only. No discount on first child)

TOTAL Session Fees: \$_____

TOTAL Optional Fees: \$_____

LESS Discounts: -\$_____

LESS Deposit: -\$_____

(Deposit is non-refundable, minimum is \$100)

BALANCE DUE: \$_____BALANCE DUE must be paid on or before **March 1, 2010** for the "Early Bird" discount, otherwise full fees will apply. All fees are due no later than two weeks prior to the camper's first session.**PAYMENT BY CHECK:** Checks should be made payable to **Camp Fire USA Georgia Council****PAYMENT BY CREDIT CARD:** If you wish to pay by credit card, complete the following information and sign

Please charge \$_____ now, and \$_____ on ____/____/2010 Card # _____

Exp. Date: ____/____/____ Visa MasterCard Name on Card: _____

Full Mailing Address: _____ Signature: _____

