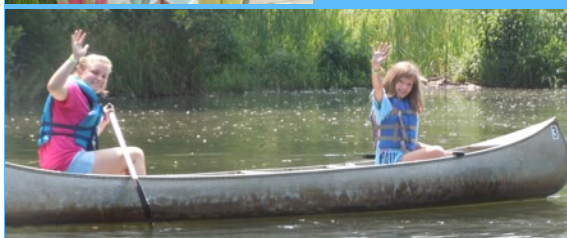


# Camp Fire USA Georgia Council

## SPRING FLING

Camp Toccoa

March 3-4, 2012



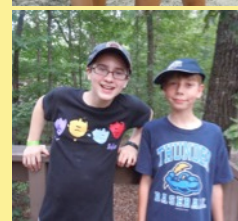
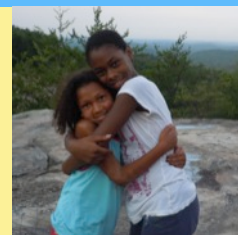
\$50 per camper without transportation OR

\$60 per camper with transportation\* to/from Atlanta

for campers grades 2-12

**BUDDY DEAL!** Returning campers, bring a new camper and earn \$10 in Trading post credit for yourself and \$10 for each new friend to be redeemed during the 2012 summer season! Returning campers can bring as many new buddies as they like, but the maximum trading post credit per camper is \$10. Credit can be used for Trading post merchandise only and cannot be redeemed for cash.

**SPRING FLING T-SHIRT!** Order your spring fling T-shirt for \$10 when you register! This t-shirt will only be available at spring fling 2012 and must be ordered in advance. The design will be one-time only, so don't miss out! *T-shirt orders must be received by February 20, 2012.*



To Sign-up, complete the registration form on the back and return with payment no later than February 20\*.

\*space is limited and will be first-come, first-serve.

[info@camptoccoa.org](mailto:info@camptoccoa.org)

706-886-2457

[www.camptoccoa.org](http://www.camptoccoa.org)



# Camp Toccoa Spring Fling Registration Form

92 Camp Toccoa Drive  
Toccoa, Georgia 30577  
706-886-2457



Camper Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ YES NO  
New Camper (circle)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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(s)/Guardian(s) Name(s)**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone Cell Phone

Email (A valid email is required in order to receive confirmation of registration)

Alternate Emergency Contact Name \_\_\_\_\_ Gender \_\_\_\_\_ Relation \_\_\_\_\_

(\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone Cell Phone

**Persons Authorized to pick up my child:**

**Persons NOT Authorized to pick up my child:**

**Buddy Deal!** Returning Campers who bring along new campers to Spring Fling will earn \$10 in Trading Post Credit for themselves and \$10 for each new "buddy" they bring along to be redeemed during Summer 2012!

**Please note your "Buddy" here:** \_\_\_\_\_  
*Trading Post Credit will not exceed \$10 per camper and must be redeemed during the 2012 summer season. Credit cannot be redeemed for cash. Returning campers may have as many "buddies" as they like, provided they are new to Camp Toccoa. More information can be found on our website, www.camptoccoa.org.*

**May be paid by check or credit card. Must be paid in full to finalize registration.**

Registration <b>without</b> transportation to/from Atlanta	<b>\$50.00</b>	_____
Registration <b>with</b> transportation to/from Atlanta	<b>\$60.00</b>	_____
Spring Fling 2012 T-shirt* (Size: _____)	<b>\$10.00</b>	_____
<b>TOTAL</b>	<b>= \$</b>	_____

*\*T-shirts will only be available through preorders at time of registration. Please indicate youth or adult size.*

**Please mail check with registration or fill in credit card information below.**

Visa  Mastercard Cardholder Name: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

Card Number: \_\_\_\_\_ Cardholder Zip: \_\_\_\_\_

**PARENT/CAMP AGREEMENT:**

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 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 acceptance in the program is conditioned on appropriate behavior and following the rules. If my child has any special needs, including a special diet or disability, I will contact Camp Fire USA Georgia Council at least one week before the program or event. 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.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Send by fax to 706-886-5123 or by mail to 92 Camp Toccoa Drive; Toccoa, GA 30577.*

*When we have received registration and payment, we will send you a confirmation email with detailed information.*