

FANTASY CAMP AT MANITOU 2008 APPLICATION

Please circle which session of Fantasy Camp is best for you:

Sat., July 12th/ 10am -2pm

Sat., July 26th/ 10am - 2pm

Sat., Aug. 2nd/ 10am - 2pm

Parent Information:

Father's Name: _____ Mother's Name: _____

Address: _____

City, State, Zip _____

F: Work Phone: _____ M: Work Phone: _____

F: Cell Phone: _____ M: Cell Phone: _____

Email Address: _____ Email Address: _____

Son's Information:

First Name: _____ Last Name: _____

Birth Date: _____ Grade: _____ Age: _____

Activity Interests (3): _____

How you heard about us: _____

Parent Signature: _____ **Date:** _____

General Policies

In case of emergency, Camp Manitou is hereby granted permission to secure any and all medical and/or surgical treatment and hospital service the camp deems necessary. Camp Manitou is granted permission to use any individual or group photographs, video and audio recordings taken at Camp or elsewhere documenting my child(ren) in Camp activities for publicity and public relations purposes. Camp Manitou accepts campers on a first come, first served basis. By signing the Fantasy Camp application as a parent or guardian, you are acknowledging and giving assent to your son's participation in all of the activities offered at Camp Manitou as set forth in the Camp Promotional Brochure, Camp Video, New Camper Information, Parent Handbook and other literature provided by camp, unless you specifically request you son not to be involved in an activity.