

2008 Camp Thurman Registration Form

Camper's First Name _____ Camper's Last Name _____
 Gender _____ Birthdate _____ Age as of Camp Week 2008 _____
 Email address: _____ Grade completed by Summer, 2008 _____
 Home address: _____
 City/State _____ Zip _____
 Phones: Home _____ Mom's Work _____
 Cellular _____ Dad's Work _____
 Emergency Name _____ Phone _____
 How many years has child attended camp? _____ Most recent year _____
 Child's School _____ Church _____
 Place in a group with _____
 (To be placed in the same group, campers must be same gender, age, and week)

FEES: **Camp Thurman Full Day Sessions ... \$200 (\$180 by Jan. 5th)**
Sunshine Days (9:00-1:15 for 4 yr olds) \$160 (\$150 by Jan. 5th)

PENALTIES No refund is given for cancellations or changes in the last two weeks before session date. If you cancel at least two weeks before session date, you will receive a 50% refund. **Change of Weeks:** \$5 will be charged per camper for the first request. Any subsequent request will be a \$10 fee.
 There is a \$25 charge for returned checks or for failed eChecks or Credit Card charges scheduled for payment plans.

EACH CAMPER MAY REGISTER FOR A MAXIMUM OF THREE WEEKS.

Please register my child for the following week(s) in 2008:

_____ Wk 1 (June 9-13)	_____ Wk 6 (July 14-18)
_____ Wk 2 (June 16-20)	_____ Wk 7 (July 21-25)
_____ Wk 3 (June 23-27)	_____ Wk 8 (July 28-Aug 1)
_____ Wk 4 (Jun 30-July 4)	_____ Wk 9 (Aug 4-8)
_____ Wk 5 (July 7-11)	_____ Wk 10 (Aug 11-15)

PAYMENT: (Please indicate amounts for this camper only)

Number of all-day weeks _____ X \$ _____ = _____
 Number of half-day weeks _____ X \$ _____ = _____
 Pre-Paid T-Shirts (\$15 each) _____
 Circle One: Child Size S M L Adult Size S M L XL _____
 Snack Shop Deposit (\$5 to \$15 per week) _____
 PrePaid Photos -Two 4" X 6" photos (\$10) _____
 Processing Fee - per camper (\$5) _____ 5.00 _____
 Total Due _____

Payment Method Cash? _____ Credit Card _____ Check? _____ Ck Number _____
 For **Credit Cards**, Scholarship Requests, or Payment Plan, you **MUST** attach page 2
 Mail to: Camp Thurman, 3001 Sarah Dr., Arlington, TX 76013

Medical Information/Releases

Health Dept. requires this information be provided anew EACH year.

Parents' Name(s) _____

- Does the camper have any allergies to non-prescription medicines?
 Yes ___ No ___ Which? _____
- Is the camper allergic to anything which might be encountered at camp?
 Yes ___ No ___ Explain _____
- Is the camper under any special medication or diet?
 Yes ___ No ___ Explain _____
- Are there any special current or previous medical problems which would affect activities at camp? Yes ___ No ___
 Circle any which apply. Diabetes Epilepsy Hyperactivity Asthma Hayfever
 Explain other problems _____
- Are the camper's immunizations current? Yes ___ No ___
 Please list dates of the latest immunizations: DPT _____ MMR _____
 HEP B _____ POLIO _____
- Are there any restrictions on the camper's activities? Yes ___ No ___
 Explain _____

7. If needed to relieve pain, fever or allergic reaction, may we have your consent to administer a non-aspirin product (acetaminophen)? Yes ___ No ___
 an allergy reliever (benadryl)? Yes ___ No ___

8. Doctor's Name _____ Phone _____
 Insurance Company _____ Group # _____

9. PLEASE READ, DATE, AND SIGN RELEASE STATEMENT:

I certify that this camper is physically and mentally fit to participate in camp activities. I have listed all known physical conditions which might affect their level of participation. In case of accident, injury, or illness, after every reasonable effort has been made to contact parent or guardian, I hereby give permission to the physician selected by the camp director to secure necessary diagnosis and treatment for the child herein described. In case of medical emergency, after every reasonable effort has been made to contact parent or guardian. I have not been given a guarantee of the results of the examination or treatment. Further, I release Camp Thurman and its officers, directors, agents, representatives, employees, and volunteers from any responsibility, liability, or claims for personal injury, damages, accident, or illness incurred by him/her arising from or related to their participation in any activity associated with the camp activities.

I also give permission for photos of my child to be used in the brochure or website.

Signature of Parent or Legal Guardian _____ Date _____

and attach it to your registration form. You will need to include a \$30 per child deposit with your form.

Only One Form per Family required.

Debit/Credit Card Information

Fill in only if you want to pay with a debit/credit card.

Camper Name(s): _____
Amount to be charged: _____
Debit/Credit Card Number _____
Expiration Date _____
Billing Address for card (if different from home address): _____
Name on the Card _____
Signature _____

eCheck Information

Fill in only if you want to pay by eCheck.

Bank Routing Number _____
Bank Account Number _____
Check Signature _____

If you include a check with your form, and choose a payment plan, the remaining fees will be debited from your account through eCheck.

Scholarships:

If you would like to apply for a scholarship, please download the Scholarship Application Packet from our Forms page and read the information there. If you are interested, please fill in the application

Fill in this side to use a payment plan
Payments may be made with debit/credit card or eCheck.

Payment Plan Option - Camp Thurman 2008

Name of Camper: _____ Age: _____
Name of Camper: _____ Age: _____
Name of Camper: _____ Age: _____

Registering for the following week(s): (Please circle.)

1 2 3 4 5 6 7 8 9 10

Name of Parent(s): _____
Address: _____
City/State/Zip: _____

Total Fees to be Paid: _____ (include processing fees and any optional fees, like T-Shirt, SnackShop Prepays, Photo PrePays, Multi-Pay Fees,)

Multi-Pay Fees: \$5 per week per camper for 3 Payment Plans
\$10 per week per camper for 4 Payment Plans

Payment Plan Choices Per All-Day Week:

I would like to use the Two-Payment Plan

_____ I authorize CT to charge one half the base fee right away, plus the full amount of the processing fee and any options. I understand I will receive an email with the date of the remaining payment.

I would like to use the Three-Payment Plan

_____ I authorize CT to charge one third of the base fee right away, plus the full amount of the processing fee and any options. I understand I will receive an email with the date of the two remaining payments.

I would like to use the Four-Payment Plan

_____ I authorize CT to charge one fourth of the base fee right away, plus the full amount of the processing fee and any options. I understand I will receive an email with the date of the three remaining payments.

Signed: _____

Date: _____

