

Applicant Information

Name: _____

Rising Grade: _____

Name of Parent or Guardian:

Emergency Phone Number(s):

Please circle camper's t-shirt size:

Youth Small (6-8)
Youth Medium (10-12)
Youth Large (14-16)
Adult Small
Adult Medium
Adult Large
Adult Extra Large

**In order to be guaranteed a camp
t-shirt, completed
application and payment must be
received by Friday, May 25th. Send
completed application to:**

Camp Fundamental
Attn: Jonathan King
P.O. Box 449
Mullins, SC 29574

Medical Release and Parental Consent

All campers must have their own medical coverage. Campers will not be allowed to participate unless the following information is completed.

Insurance Company:

Policy Number:

I hereby grant permission for my child to attend Camp Fundamental 2018. I also grant permission for the camp staff to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release Pee Dee Academy and the Camp Fundamental Staff from any and all liability for any injuries incurred while at camp. I will be responsible for any and all costs of medical attention and treatment.

I also grant permission to a medical facility to treat my child in the event that this becomes necessary.

Parent/Guardian Signature:

Date: _____