

**REGISTER  
ONLINE**  
www.campdeerrun.com

# CAMP DEER RUN

## RESIDENT CAMP REGISTRATION FORM

Return with deposit (\$50) or full payment to:  
Camp Deer Run, 1227 County Road 4590, Winnsboro, TX 75494  
Phone: 903-629-7165 Fax: 903-629-7163



Name of Camper \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Birth Date \_\_\_\_\_ Grade Completed \_\_\_\_\_ Age (at camp) \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parents/Guardians \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Mom's Email \_\_\_\_\_ Mom's Work Phone ( ) \_\_\_\_\_ Mom's Cell Phone ( ) \_\_\_\_\_  
Dad's Email \_\_\_\_\_ Dad's Work Phone ( ) \_\_\_\_\_ Dad's Cell Phone ( ) \_\_\_\_\_  
Church You Attend \_\_\_\_\_  
Parents Marital Status \_\_\_\_\_ Camper Lives with \_\_\_\_\_

### EMERGENCY CONTACT (other than parents)

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

### CAMP INFORMATION

Desired Camp Session \_\_\_\_\_  
T-Shirt Size (Circle One) Child S M L or Adult S M L XL XXL  
Cabin Buddy Request (must be within one year of camper's age) \_\_\_\_\_

### RESIDENT CAMP 2012

(1st)	June 3 - 8	\$235
(2nd)	June 10 - 22	\$435
(3rd)	June 24 - June 29	\$235
(4th)	July 1 - 13	\$435
(5th)	July 15 - 27	\$435
(6th)	July 29 - Aug 3	\$235

### MEDICAL INFORMATION

Allergies \_\_\_\_\_  
Special Medical Problems/Handicaps \_\_\_\_\_  
Medication (Name & Dosage) \_\_\_\_\_  
Name & Phone Number of Family Physician \_\_\_\_\_

### INSURANCE INFORMATION

Name of Insurance Company \_\_\_\_\_ Insurance Company Phone ( ) \_\_\_\_\_  
ID# \_\_\_\_\_ Insured Person's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### PAYMENT INFORMATION

Name of Cardholder \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_  
Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Payment Amount (circle one) **\$50 Deposit** or **Full Payment** or **Other** \_\_\_\_\_

We, the undersigned parents, appoint Mr. Ty Ford, Director of Camp Deer Run, and his staff as our agent to:

- 1) In the event of sickness or injury, administer minor medical emergency aid or treatment that they shall deem appropriate for my child.
- 2) In the event of sickness or injury, give consent to any emergency medical procedures, tests or treatments for my child that they shall deem appropriate under the circumstances.

\_\_\_\_\_  
(Parent's Signature)

As a part of this application, permission is given to use my child's picture in Camp Deer Run publications

**BALANCE DUE FOUR WEEKS BEFORE SESSION BEGINS**