

Southern Cultural Heritage Foundation

Southern Exposure Camp Application

Child's Name	Date of Birth	M	F
		Gender	
Parent/Guardian Name	Relationship		
()	()	()	()
Home Phone	Work Phone	Mobile Phone	Pager
Address		Email address	
City, State ZIP Code	***FOOD ALLERGIES***		

Person to be contacted in case of Emergency or Illness

Primary Emergency Contact	Secondary Emergency Contact		
Relationship	Relationship		
()	()		
Work/Home Phone	Mobile Phone	Work/Home Phone	Mobile Phone

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Allergies/Special Health Considerations

If your child requires medication during the school year, they should maintain that schedule during camp.

Payment Information

The registration fee is \$110 per child (ages 4-13) for each week (this includes a \$25 non-refundable deposit).
All balances must be paid in full before arriving at camp each week. Registration fee includes all supplies and a daily snack.

Circle each session you would like to attend.

May 31- June 3	July 5-8
June 6-10	July 11-15
June 13-17	July 18-22
June 20-24	July 25-29
June 27- July 2	

Total Enclosed \$

Parent/Guardian Agreement

I authorize Southern Cultural Heritage Foundation to seek emergency medical help for my child. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

I understand that the Southern Cultural Heritage Foundation (SCHF) assumes no responsibility for injuries or illness which my child may sustain as a result of his/her physical condition or resulting from his/her participation in camp activities. I understand the related expenses for the medical attention will be (my) the camper's responsibility. In consideration of the privilege of participating at SCHF camp, I hereby voluntarily release and discharge the SCHF, its agents, contract services, volunteers, and employees from any and all claims of injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in camp activities.

I agree to pay the balance of camp fees on or before the Friday proceeding the date of the SCHF camp. The deposit is non-refundable. I understand that no refunds are given if a child leaves camp early because of homesickness or disruptive behavior as determined by the Executive Director of the SCHF.

I have read and agree to the terms and conditions as stated in this application/agreement. All information is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Date

I hereby give permission for my child to participate in the Southern Exposure Camp, a program sponsored by the Southern Cultural Heritage Foundation. I give permission to SCHF to use photographs of my child participating in the program in any publicity issued by SCHF regarding the camp.

Parent/Guardian Signature

Date