

Arkansas FC Winter Camp 2009

Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Age _____ Grade _____ Gender _____

E-mail Address _____

Parents'/Guardians' Names _____

Paintball \$15 each time 1X 2X 3X

T Shirts – Please circle items and size

Long Sleeve \$15 S M L XL 2X
(Female)

Long Sleeve \$15 S M L XL 2X
(Male, with Falcon)

Hooded Sweatshirt \$30 S M L XL 2X

Winter camp Fee: \$100.00 per camper. Registration form with medical release on the back and full payment are required. Make checks payable to: FC Arkansas Camp.

Mail form/s and payment to:

Alan and Sherri Finley

2530 NW 30th Street

Newcastle, Oklahoma 73065

scfinleyhome@yahoo.com

Medical Release Form

No camper can be accepted unless this form is properly completed.

I hereby give my permission to the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for camper as named below. I also authorize the physicians, nurses, and assistants at the local hospital to perform all treatments and procedures as ordered and deemed necessary in the case of an emergency upon:

Camper's Name

Please list any special instructions regarding medical problems, medications, or special care (such as diabetes, allergies, etc.)

Signature

Relationship to camper