

Camp Dixie, LLC

**Father/Son Weekend
April 17 – 19, 2020**

Father's Name: Mother's Name:
Son's Name: Age: Year in School:
Son's Name: Age: Year in School:
Step Father/Grandfather/Uncle Name:
Home Address: Home phone:
Father's Email: Cell: Work:
Mother's Email: Cell: Work:
Name of Emergency Contact Person (Other than Father):
Phone: Relationship to Camper:

Cost is \$220 for a father/son pair. \$90 for each additional family member. Your registration covers lodging, meals, and all activities.

Do you or your child have any dietary restrictions/food allergies, medical conditions, pre-existing allergies, or currently taking any medications ? (If so, please list in detail)

We will make every effort to accommodate food allergies (gluten, lactose, tree nuts and peanuts) and lifestyle selections, IE. Vegan and vegetarian. However, we encourage you to review our menu prior to the weekend and supplement our offerings with your own food.

Does your child have any challenging behaviors we should be aware of?

We will arrive on Friday: Friday Before Dinner Friday After Dinner Saturday for Breakfast

Cabin Mate Request.

By submitting this Camp Dixie Application form, I give my permission for my child/ward/myself to participate in activities of the Camp Dixie,LLC Programs. In the event of injury, I agree that Camp Dixie,LLC and its agent(s) may consent to any appropriate medical treatment for my child/ward/myself, should my consent not be reasonably obtained. This consent shall be in effect for the duration of the program. I understand and agree to provide insurance for my child/ward/myself. I fully understand that my child will be learning to use fire and sharp tools in order to learn certain skills. There will be hiking, swimming, fire arms, bow and arrows and playing in a rough wilderness environment. I fully understand that certain accidents may occur and I agree not to hold Camp Dixie,LLC, leaders, or staff liable in anyway whatsoever. In case of emergency, I authorize Camp Dixie staff to provide and or seek first aid, hospital, and professional care for my child. Further, I agree to hold harmless Camp Dixie,LLC, its agent(s) and employees against any loss or damage for any injury, illness or other condition arising out of my child's/my own participation in Camp Dixie,LLC program: In addition, I give my permission for photographs of my child/ward/myself taken during Camp Dixie,LLC program to be used by Camp Dixie,LLC for marketing purposes. The submission of the registration also certifies that the applicant is of good character and agrees to abide by the regulations of the camp and to uphold the Camp Dixie,LLC program traditions.

Father's Signature: **Date:**

You may sign electronically by entering your name in the signature box.

Please make a copy of your insurance card, front and back, and include it with this form.

Full payment or a \$100 non-refundable deposit is due upon registration. Payment in full is due on or before April 1, 2020. Thank you!

Please return your registration form with deposit or full payment to:

Camp Dixie,LLC
Father Son Weekend
PO Box 744
Clayton, GA 30525

We look forward to seeing you at Camp!