

# 2019 Babes in the Woods Registration

April 25 (arriving 2 pm) – April 28, 2019 (departing 2 pm)

## Contact Information

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones - Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation/Full time Mom?: \_\_\_\_\_

Children(s) Age(s): \_\_\_\_\_

Requested Bunkmates: \_\_\_\_\_

## Emergency Contact

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phones - Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Which number should we call first in the event of an emergency? \_\_\_\_\_

## Other Information

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Vegetarian Meals: [ ] Yes [ ] No

Dietary Allergies: \_\_\_\_\_

Please list allergies: \_\_\_\_\_

Medications that you take in an emergency: \_\_\_\_\_

Are there any **health concerns** you feel Camp Dixie, LLC should be aware of?

**Emergency Treatment Authorization:** I hereby grant Camp Dixie, LLC and its agents full authority to take whatever action they deem necessary regarding myself or any member of my family's health in the case of an emergency where I am not able to make the decision. I fully release Camp Dixie, LLC and its agents from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of myself or family member involved and will be reported to me as soon as possible. I understand that first aid and medical care are the primary responsibility of the participant.

**Liability Waiver:** In consideration of being allowed to participate in the activities and programs of Camp Dixie, LLC and to use its facilities and equipment in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge/hold harmless Camp Dixie, LLC and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities at Camp Dixie, LLC. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Camp Dixie, LLC or the use of any equipment at Camp Dixie, LLC.

**Camper Carries Insurance:** Camp Dixie requires that every camper carry their own respective medical and liability insurance to cover any injury or damage that might result from participation in Babes in the Woods activities.

**Photo Release:** By participating in Camp Dixie activities, I consent to the use of any photographs, pictures, film or videotape taken of me or provided by me for publicity, promotion, website, television, multimedia or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.

Accept (if you DO want to be in the group photo, select "accept")

Do Not Accept

### **Pre-register for activities:**

These activities are included in your registration fee.

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Archery     | <input type="checkbox"/> Fire Building                | <input type="checkbox"/> Riflery          |
| <input type="checkbox"/> Yoga        | <input type="checkbox"/> Hand Gun Safety              | <input type="checkbox"/> Star Gazing      |
| <input type="checkbox"/> Canoeing    | <input type="checkbox"/> Karaoke                      | <input type="checkbox"/> Smoothie Bar     |
| <input type="checkbox"/> Badminton   | <input type="checkbox"/> Kayaking - Beginning         | <input type="checkbox"/> Campfire Cooking |
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Nature Hike / Walking Sticks | <input type="checkbox"/> Badminton        |

### **Spa Services: (extra charge – pay Karen and Irene)**

- |  |  |  |
|--|--|--|
| <b>Relaxation Massage:</b>             | <input type="checkbox"/> 30 Minutes \$30 | <input type="checkbox"/> 1 Hour \$60             |
| <b>Deep Tissue Massage:</b>            | <input type="checkbox"/> 30 Minutes \$45 | <input type="checkbox"/> 1 Hour \$70             |
| <input type="checkbox"/> Pedicure \$30 | <input type="checkbox"/> Manicure \$15   | <input type="checkbox"/> Lymphatic Drainage \$70 |

Please select a T-shirt size. They will be 100 % ring spun cotton.

**T-shirt size:**     S             M             L             XL             2XL             3XL

### **Payment Options:**

	Option	Per Person	Includes (All options include snacks, t-shirt, and activities)	Checkout
<input type="checkbox"/>	Full Weekend	\$250	5 meals, 2 nights' lodging	2 pm Sunday
<input type="checkbox"/>	Extra Night April 25	\$265	8 meals **, 3 nights' lodging	2 pm Sunday

**\*\* Extra Night:** Arrival on Thursday afternoon after 2 pm. Dinner will be served and we will have an evening around the campfire.

**Receive \$20 off your registration fee for each new 'Babe' you bring!**

**Refunds:** There are NO refunds. If you must cancel but are able to find someone to replace you, we will transfer what you've paid to the new person or credit you for the next Babes Weekend.

**Checks** should be made payable to: **Camp Dixie, LLC**

**Mail to :**    Camp Dixie, LLC  
                  P.O. Box 744  
                  Clayton, Georgia 30525-0019

I declare that all information presented herein is correct and complete, and conditions outlined by Camp Dixie, LLC are accepted by me. My signature stands to that effect.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date