

Contact Information:

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registrar@carolinacreek.org



Please attach recent camper photo to fit box.

This is for camper identification purposes only.

2013 W!LD APPLICATION

Camper Information

Last Name		First Name		MI	
_____		_____		_____	
Mailing Address			City, State	Zip	Camper's Email
_____			_____	_____	_____
Home Phone #	Birth Date	Age at Camp	Gender	Grade (Completed Before Camp)	T-shirt Size
____ - ____ - _____	___/___/___	_____	_____	_____	_____
<input type="checkbox"/> First Time Camper <input type="checkbox"/> Returning Camper <input type="checkbox"/> Roommate Request (1) _____ (must have a matching request in order to guarantee)					
How did you hear about Carolina Creek Christian Camp? (<i>family, friend, Youth Leader, etc.</i>)					

Church Name and/or Denomination

Does camper have any physical, psychological, or activity limitations?

No

Yes (*If yes, please note on your Participation Agreement & Waiver*)

Parent/ Guardian Information

Father's Name	Primary Phone #	Secondary Phone #	Email
_____	____ - ____ - _____	____ - ____ - _____	_____
Mother's Name	Primary Phone #	Secondary Phone #	Email
_____	____ - ____ - _____	____ - ____ - _____	_____
With whom does camper live?			
Mother	Father		
Both	Other	_____	

Emergency Contact Information

Relationship (*if not parent*): _____

First Name

Last Name

Home Phone #

____ - ____ - _____

Business Phone #

____ - ____ - _____

Cell Phone #

____ - ____ - _____

Email

Please Check the 2013 Session(s) of Your Choice

- 1) June 30-July 3 _____ 2) July 3-6 _____ 3) July 7-10 _____
- 4) July 10-13 _____ 5) July 14-17 _____
- 6) July 21-24 _____ 7) July 24-27 _____



Scan this code to register online!

THE BOX BELOW MUST BE SIGNED FOR APPLICATION TO BE PROCESSED.

My child has my permission to attend Carolina Creek Christian Camp in 2013 and to participate in all activities. I hereby give permission to the physician selected by camp director to order X-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment, and to order injection and/or anesthesia and/or surgery for my child as named on this application. I understand that as a participant, my child may be photographed or videotaped during normal Carolina Creek Christian Camp activities, and these photos/videos may be used in promotional materials. I understand that Carolina Creek Christian Camp cannot be responsible for lost or broken items, and that unclaimed items will be donated to charity after two weeks of the end of my camper's session. I understand, and will comply with, all camp policies and procedures. I also understand, and will comply with, all cancellation policies and procedures.

Parent or Guardian Printed Name: _____

Signature: _____ Date: _____

MISSION STATEMENT

Carolina Creek Christian Camp is committed to providing a variety of sports and activities in an exciting environment where youth and adults can experience and know the love of Jesus Christ.
