



Summer Camp Registration Form

Please fill out a new form for every child going to camp.

Student Name _____ Age _____ Grade _____

School _____

Address _____ Zip _____

Student's email _____ Parent's email _____

Select camp:

Camp 1
June 20- July 1

Camp 2
July 11- July 22

1st Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

2nd Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____

Telephone: _____ Cell Phone: _____

Child resides with: 1st Parent _____ 2nd Parent _____ Guardian _____ Both _____

Other (Specify) _____

Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

5. _____ Phone: _____

Please list any other information you'd like to include about your camper:

Parental Authorization

Please print all information clearly

Name of Camper: _____ Today's Date _____

Carolina Film Network (CFN) does not discriminate on the basis of race, color, sex, handicap, religion or national origin. CFN reserves the right at its sole discretion to refuse an application or dismiss a child from camp. No refund will be made of tuition if the child has attended any portion of the camping period. The total tuition is \$500.00 (*Please see Sponsorship opportunities at the bottom of this registration form*).

Parent/Guardian's Signature: I understand and accept these guidelines

Parent/Guardian's Signature: _____

I give CFN permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at CFN and can be used for promotional purposes without notification.

Parent/Guardian's Signature: _____

I give permission for CFN to transport my child off camp property for the purpose of field trips and/or medical care. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/or scheduling conflicts without notice.

Parent/Guardian's Signature: _____

I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first-aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required. Please request a waiver for persons requesting exemption from medical treatment.

Parent/Guardian's Signature: _____

Hospital preferred _____

By signing below, I agree to adhere to all the Policies and Procedures set by Carolina Film Network.

Parent/Guardian's Signature: _____

Medical Background

Please print all information clearly

The medical background of each camper is required as part of the camp's registration process. The camp director must be advised in writing of any condition that would limit the camper's ability to participate in any program.

Child's Name _____ Date of Birth _____

Child's Pediatrician's Name _____ Phone number _____

COVID-19 Vaccination (Yes/No) _____

Must provide proof of negative COVID-19 test results within 7 days of camp start.

Medical conditions _____

List of past medical treatments _____

List all current medications regardless of whether it needs to be taken at camp or not:

Will your child need to take any prescription medications while at camp? (Yes/No) _____

If yes, please request a medical dispensing form. Return the form and medication in a ziplock bag with your child's name on it the first day that they attend camp.

Allergies: (Please put N/A if your child does not have an allergy)

Food _____

Medication _____

Insect _____

Other _____

Does your child require an Epi-pen? (Yes/No) ____ If yes, you must provide the camp with an Epi-pen to be kept at camp during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note.

Specific Activities to be restricted for health reasons: _____

Camper Sponsorship

We have a limited number of students permitted to attend camp this year, so it is greatly appreciated for a person or organization to make a donation that will secure a student's place. The amount donated will be deducted from the total tuition, and all sponsors will be recognized at the Red-Carpet event concluding camp.

If student's tuition is not covered fully or partially by a sponsor, then please skip to next section.

Please fill out a new form for every child going to camp.

Student Name _____ Age _____ School _____

Address _____ Zip _____

Parent's Phone _____ Camp _____

Parent(s)/Guardian Name(s) _____

Sponsor Name (Person/Organization) _____

Each camp's tuition is \$500.00. Please list the amount of sponsorship: _____

Registration forms and total tuition are due to be received no later than June 12th, 2022 at 5:00pm. Registration forms can be emailed to cfnpo@gmail.com, and tuition can be secured directly on the website at www.carolinafilmnetworknpo.org. Physical registrations and tuition can be mailed to the following:

Carolina Film Network
1117 B Avenue
West Columbia, SC 29169

Select camp:

Camp 1

Camp 2

Please attach one of the following to accompany this registration:

Made out to Carolina Film Network

_____ Cashier's Check _____ Money Order

I certify that the information on this form is true, accurate, and complete to the best of my knowledge. I am responsible for notifying Carolina Film Network in writing of any changes in the information supplied in this application that might affect my student's eligibility.

Parent or Guardian Signature

Date