



Colonial Camp 2008 Enrollment Form

Camper's Name: _____ Nickname: _____

Sex: _____ Age: _____ Date of Birth: _____ Grade Completed: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone(s): _____

Emergency Contact: _____ Phone: _____

Camper's Physician: _____ Phone: _____

Does your camper have any allergies; medical, behavioral or physical conditions; or any other special needs?
_____ If so, please list _____

Please Read Carefully

I give my permission for my child _____ (name) to participate in all Colonial Camp activities and for emergency medical care to be provided if needed. I further release Historic Mansker's Station, the City of Goodlettsville, and its representatives from any liability or damages, including any claim for injuries incurred by my child as a result of participation in said activities. I authorize Historic Mansker's Station to have, use, publish, and reproduce photographs, slides, or pictures of my child for its records and/or public relations efforts. **Cancellations:** Cancellations made prior to June 3 will receive a full refund minus a \$10 processing fee. Cancellations made between June 3-10 will receive a 50% refund. Those made June 11 or after will not be entitled to a refund.

Parent/Guardian Signature: _____

Date: _____

Mail or Fax Form and Payment To:

Historic Mansker's Station
705 Caldwell Ln.
Goodlettsville, TN 37072
Fax Number: 615.855.1969

If you would like to pay by credit card, please call 615.859.3678