



Calicos and Cadets:

Battle of Franklin Trust

Civil War Camp

2017 Registration Form

General Information

Child's Name: _____

Age and Grade: _____ Sex: M or F

Camp Attending: JUNE or JULY

Parent's Name: _____

Address: _____

Phone (number you can be reached at during camp): _____

Email: _____

Parent's Comments: _____

Method of Payment

Each camp is \$125.00

_____ Check (Make Payable to Battle of Franklin Trust)

_____ Cash (Please come in to Carnton and pay onsite)

Credit Card #: _____

Expiration Date: _____

Signature: _____ Date: _____

To reserve your place, mail or bring ALL COMPLETED camp forms and payment to:

The Battle of Franklin Trust (Carnton Plantation), Attn: Sarah Falck

1345 Eastern Flank Circle

Franklin, TN 37064

Phone: (615)-294-0903

Fax: (615)-794-6563

Health Form

2017 Calico and Cadets Camp

This form must be completed and on file with the Battle of Franklin Trust at time of enrollment.

Child's Name: _____

Insurance Information:

Is child covered by family medical insurance? YES NO

If so, please indicate carrier/plan name: _____ Group/ID Number: _____

Name of Insured: _____ Relationship to Child: _____

Please list all ALLERGIES and MEDICAL CONDITIONS and their severity:

Please list any special instructions regarding your camper:

Please list any restrictions (activities and diet):

Routine Medications

Please list ALL medications, including non-prescription, taken routinely. The Battle of Franklin Trust prefers that all medications be administered at home before or after camp. However, if lunch time medication is required, please let us know.

My child takes medication(s) on a regular basis: YES NO

Med: _____ Reason for taking: _____

Med: _____ Reason for taking: _____

Med: _____ Reason for taking: _____

Med: _____ Reason for taking: _____

Illness and Immunization History

Please list all major illnesses your child has had (i.e. chicken pox, measles, etc.)

VACCINE

DATE

DPT

TD (tetanus/diphtheria)

Polio

Measles

Rubella

Hepatitis B

Permission Form

2017 Calico and Cadets Camp

Parent/Guardian Authorization

I approve this registration and certify that the camper is capable and allowed to participate in Calicos and Cadets. I grant permission for my child to participate in all planned camp activities except for those noted. I agree to pay the balance of the camp fee at time of registration. The Battle of Franklin Trust is not responsible for lost, stolen, or damaged items.

I have read and agree to the terms of cancellation below. I have read and agree to the media terms below. I have read and agree to allow the personnel of Calicos and Cadets to care for my child as stated in the terms of the necessary and emergency treatment policy below.

Cancellation Policy: You may cancel your child's registration up to two weeks before the first day of camp. A 20% administrative handling fee per child will be kept for cancellations. Camps cancelled less than two weeks before the start date will not be eligible for refunds. Unfortunately, we cannot give refunds for missed days of camp. I understand that no refund will be given if my child leaves early for disruptive behavior or for illness.

Media Authorization: I hereby authorize the Battle of Franklin Trust, Inc. to take, have, and use photographs, slides, and recordings of the camper named on this registration form as may be used for promotional purposes (i.e. newspaper articles, advertisements, and the BOFT website). This media will not be sold for use for others outside of BOFT.

Necessary and Emergency Treatment Authorization: In case of accident or illness, Battle of Franklin Trust personnel are authorized to seek medical treatment for my child. Prudent attempts will be made to contact the parents/guardians or authorized emergency contact immediately. I understand that related medical expenses for medical attention will be my responsibility. The medical history provided is correct and complete as far as I know.

I hereby authorize the medical personnel selected by Battle of Franklin Trust to order X-rays, tests, and treatments; to release any records necessary for treatment and insurance purposes; and to provide and arrange necessary transportation for my child.

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by Battle of Franklin Trust personnel to secure and administer treatment, including hospitalization of the child named on this form.

This completed form may be photocopied.

Child's Name: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Phone numbers for parent/guardian: (home) _____ (cell) _____ (work) _____

Signature: _____ Date: _____

Additional Emergency Contact: _____ Relationship: _____

Phone: _____