



# THE FORT

OF COLONIAL MOBILE

## Camper Information

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

Grade (Fall 2017): \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Name of Parents(s)/Guardian(s): \_\_\_\_\_

Camper Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

## Camp Programs

\_\_\_\_\_ June 12-16: Pirates and Princesses

\_\_\_\_\_ July 10-14: Leadership

\_\_\_\_\_ June 19-23: Voyagers and Explorers

\_\_\_\_\_ July 17-21: World Exploration

\_\_\_\_\_ June 26-30: Entrepreneurship

\_\_\_\_\_ July 24-28: Colonial Life and Arts

\_\_\_\_\_ July 5-7: Living with the Land

\_\_\_\_\_ July 31-August 4: Teamwork

## Camp Payment

Check Enclosed (Please make check payable to The Colonial Fort of Mobile)

Card Type: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Total Amount to be charged to Credit Card: \$** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Card/Check Received by: _____ Date: _____
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## Permissions Form

I hereby give permission for \_\_\_\_\_ to attend a Summer Camp at The Colonial Fort of Mobile. I am aware that my child will participate in this day at his/her own risk and I, and my family, release Activation Management, LLC and its directors and staff from any and all claims which might arise as a result of accident, injury, or illness while participating in this camp. I have indicated below any special medication, diet, or allergies of which staff should be made aware. Should the need arise, I authorize the staff at The Colonial Fort of Mobile to obtain emergency medical assistance for my child, and I promise to indemnify and hold harmless the Activation Management staff against any loss due to expenses arising from such action.

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

Special Diet: \_\_\_\_\_

Medications: \_\_\_\_\_

Do you give the Activation Management staff permission to administer the medication listed? \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Photo Release Form

I, \_\_\_\_\_, agree to give The Colonial Fort of Mobile permission to use pictures and/or video taken of \_\_\_\_\_. These pictures can be used without limitations or restrictions as long as they are used for the purpose of promoting The Colonial Fort of Mobile and Gulf Coast Ducks.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Note: If you do not agree to the photo release please do not sign this section and fill with N/A.

**Please drop off or email registration form.**  
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