

# Summer Camp Application

Mail application to:  
The Douglas Brothers Foundation  
7193 Jonesboro Road, Suite 202A, Morrow, GA 30260

**TDBF Members: \$65.00 Each Camp Type**

**Non-members: \$100.00 Each Camp Type**

**Form must be completed for each child.**

## Participant Information:

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Child School Name: \_\_\_\_\_

Medical Information: \_\_\_\_\_

List Food Allergies: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Parent Employer: \_\_\_\_\_ Ph: \_\_\_\_\_

## Select Camp Type for Registration:

- Math    Math (Word Problems)    Writing (Sentence and Paragraph)    Money Skills
- Reading & Comprehension    Sports Camp    Safety and Law    SAT/ACT Prep
- Field Trips

**This registration form is correct to the best of my knowledge and the child herein described has permission to engage in all prescribed activities. I understand that that enrolling in TDBF Camp Program I have committed to the program for the program term and that I am charged regardless of my child's participation. I hereby consent to the use of my child's likeness in photographs, film or videotape for use in editorial, illustration or promotional purposes. I agree to pick up my child on time from TDBF Center or Camp Location at the end of camp session.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_