



**BACKCOUNTRY INSTITUTE
AT CAMP CAROLINA
REGISTRATION APPLICATION SPRING 2012**

Please check box to who will be responsible for payments

Name _____ **Organization** _____

Address _____ **Address** _____

City _____ **City** _____

State _____ **Zip** _____ **State** _____ **Zip** _____

Home Phone _____ **Office Phone** _____

E-Mail _____ **E-Mail** _____

PLEASE INCLUDE EMAIL SO WE CAN SEND YOU ALL COURSE INFORMATION

I wish to register for the following courses:

1. _____
Course Name _____ Date _____ Fee _____
2. _____
Course Name _____ Date _____ Fee _____
3. _____
Course Name _____ Date _____ Fee _____

TOTAL FEES DUE _____

50% TOTAL FEES
Non-refundable
Due at registration _____

BALANCE OWED _____
2 weeks prior to course

IF YOU WOULD LIKE TO ARRIVE THE NIGHT BEFORE YOUR CLASS OR STAY OVER THE NIGHT AFTER YOUR CLASS ENDS, THERE WILL BE A \$15 CHARGE PER NIGHT. ADDITIONAL MEALS ARE \$5 PER MEAL. MEALS ARE INCLUDED DURING THE DURATION OF YOUR COURSE!

4. I would like the following extra nights. _____ X\$15 = \$ _____
Dates

5. I would like the following extra meals _____ X \$7 = \$ _____
Dates

TOTAL AMOUNT ENCLOSED \$ _____

Method of Payment: Cash ___ Check ___ VISA/MC/Amex# _____ Exp _____

Authorization Signature _____ **Date** _____

Make all checks payable to **Camp Carolina.**

YOU MUST SIGN THE LIABILITY WAIVER ON THE BACK SIDE OF THIS REGISTRATION OR YOUR APPLICATION WILL NOT BE ACCEPTED.

THIS FORM MUST BE SIGNED AND RETURNED TO BACKCOUNTRY INSTITUTE/CAMP CAROLINA WITH YOUR APPLICATION FOR REGISTRATION WILL BE ACCEPTED.

Assumption of Risk and Waiver Form:

I understand that the training for which I am registering for may expose me to hazards. I understand that I must be in good health to participate and that it is my responsibility to notify the instructors or staff at Camp Carolina of any health conditions I currently have or problems that may arise during training because of them. I am voluntarily choosing to participate in training despite the potential risks as outlined above. I assume all risk of injury or loss of life to myself as well as loss or damage to property arising from my participation in a training course or during any free time on or off Camp Carolina Property.

In consideration of Backcountry Institute/Camp Carolina furnishing services for my training, I hereby release Camp Carolina, its officers, agents, employees and subcontractors from any and all liability for injury, illness, death, or loss or damage to property, which I may suffer while participating in a training course or during any free time on or off Camp Carolina Property.

I understand that I may choose at any time not to participate in any of the training. I further understand that I am wholly responsible for any and all medical bills incurred for treatment for illness or accident, which I may suffer while participating in a training course or during any free time on or off Camp Carolina Property. I have carefully read this statement and understand the contents. I am aware that this is a waiver and release of liability. I am signing it voluntarily.

Participant's Signature Printed Name Date

Course(s) _____

Emergency Contact Information:

Name _____

Home # _____

Work # _____

Cell # _____

Return To:
Camp Carolina
PO Box 919
Brevard, NC 28712
Phone: (828) 884-2414
Fax: (828) 884-2454
info@campcarolina.com