



Deaf Men Zone

January 12-15, 2018

Shocco Springs Baptist Conference Center
1314 Shocco Springs Road, Talladega, AL 35160

Personal Information:

Name: _____
 Address: _____
 City / State / Zip: _____
 Age: _____ Date of Birth: _____
 School: _____ Grade: _____

Shirt Size: (Circle One)

S M L XL
 2XL 3XL 4XL 5XL

Contact Information:

Parent/Guardian's Name: _____
 Address: _____
 Relationship to Camper: _____
 Home Phone Number: _____ Mobile Number: _____
 Videophone Number: _____ Work Number: _____
 Additional Numbers: _____
 Email Address: _____

Registration Fees: (Circle One)

Lodging Meals (2 Nights)	\$67
Additional Night 1/14/2018	\$97

Paintball \$28
(Saturday afternoon)

Total: _____

Please make check or money order payable to Shocco Springs Baptist Conference Center. Please write "Deaf Men Zone" on the memo line.

Photo Release:

I, (print name) _____, give Deaf Men Zone the permission for my son, (print name) _____, being photographed for the camp. I understand that the photos may be published on the electronic medias (DVD, video, internet) or other form of promotion or information. I release Deaf Men Zone from liability for any violation of any personal or proprietary right I may have in connection with such use.

Signature for release: _____ Date: _____

Statement of Participation and Disciplinary Actions:

I _____ give my permission for my son _____ to attend Deaf Men Zone on January 12-15, 2018. My son may participate in all activities. I understand that if my son fails to obey the established rules, I will be responsible for arranging transportation for my son to return home.

Parent/Guardian's Signature: _____ Date: _____