

2009

APPLICATION FOR REGISTRATION

CAMP HIGH ROCKS, INC.

PO Box 210
Cedar Mountain, North Carolina 28718

Founded 1958 -- Our Fifty Second Season!



Date _____

Please enroll _____ Preferred Name _____
Camper's Name (Please Print)

Parental correspondence should be addressed to : (M/M, etc.) _____

Mother's Name _____ Father's Name _____

Home Address _____ Home Phone () _____

City _____ State _____ Zip Code _____

Business Phone (Mother) _____ Business Phone (Father) _____

Cell Phone (Mother) _____ Cell Phone (Father) _____

Email (Mother) _____ Email (Father) _____

Mother Occupation _____ Father Occupation _____

SEASON OF 2009

- 3-Week session - June 7 to June 26 (ages 8 to 14).....\$3625
- Starter Camp A - June 7 to June 16 (ages 8 to 11).....\$1975
- Starter Camp B - June 17 to June 26 (ages 8 to 11).....\$1975
- 4-Week session - June 29 to July 25 (ages 9 to 16).....\$4450
- Mini Session I - June 29 to July 11 (current 3rd & 4th grade)....\$2525
- Mini Session II - July 13 to July 25 (current 3rd & 4th grade)....\$2525
- 2-Week session - July 27 to Aug. 8 (ages 8 to 12).....\$2525

Birthdate: Month _____ Day _____ Year _____ Age as of June, 2009 _____

Height _____ Weight _____ Boy Scout? _____

Brothers' names and ages _____

Sisters' names and ages _____

Do any sisters attend a North Carolina camp? _____ If yes, which camp? _____

Would you like information on area girls' camps? _____

Name of School _____ Grade completed by June of 2009 _____
(Must have completed second grade)

How did you learn of High Rocks? _____

Camps attended previously _____ Years _____

RELATIVES WHO ATTENDED HIGH ROCKS. Please give full name and address for alumni file. Also state their relationship to camper.

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Relationship: _____ Relationship: _____

INFORMATION FROM THE CAMPER

*I would like to be in the cabin with _____

I am interested in the following activities _____

I promise to conform to the rules and regulations of Camp High Rocks.

Camper's Signature _____

*You and your requested cabinmate must request each other. You should be approximately the same age and in the same grade. We cannot promise to place you as requested. We try to arrange cabins so that no more than two campers from the same area live in the same cabin.

RELEASE/CONSENT/ACKNOWLEDGMENT/ASSUMPTION OF RISK:

We, the undersigned parents (or guardians) of the camper named on this application (hereinafter referred to as "the child"), acknowledge that we are aware of the types of activities in which the child will be participating during his attendance at Camp High Rocks during the 2009 season and that we have been given ample opportunity to ask any question which we may have about the environment in which the child will live and the activities in which he will participate during his attendance at Camp High Rocks. We are aware of the dangers which are inherent in the operation of any children's camp and in the child's participation in all camp activities on or off the premises of said camp including swimming, boating, hiking, backpacking, or athletics, including bodily contact, use of tools and equipment in manual arts, arts and crafts, work projects and other programs, tubing, caving, rafting, creek hiking, biking, archery, riflery, sailing, rock climbing, rapelling, ropes course, canoeing, kayaking, fishing, horseback riding, camping out, outdoor-living skills and vehicular travel.

We further acknowledge that we have given Camp High Rocks full disclosure of any pre-existing physical or mental defects, challenges or problems which the child has. Because of the potential dangers inherent in participating in the activities of any children's camp, we recognize the importance of the child's obeying the instructions of camp employees and abiding by all camp rules and regulations. We have instructed the child to obey said employees and to abide by said rules and regulations, and we do hereby release Camp High Rocks, Inc. and the officers, directors and stockholders of Camp High Rocks and all of the staff, counselors and other employees of Camp High Rocks, Inc., from any liability which they might otherwise incur as a consequence of the failure of the child to obey said employees and abide by said rules and regulations and from any other liability which said camp and the other parties listed above might otherwise incur in incidents involving the child's negligence or contributory negligence.

We have read the information on pages 3 and 4 of the application and agree to its terms. Enclosed is a registration fee of \$750.00. By February 1, we will send a check for approximately half of the remaining balance. By May 1, we will send a check for the balance. We understand that \$200 is non-refundable and there is no refund for cancellations after February 1st.

The camp has a resident nurse. If outside medical services (x-rays, lab tests, etc.) should be needed, we understand that we are financially responsible. We grant permission to: A. Use photographs or video that include our child for camp advertising and on the Camp High Rocks web page; B. Use our name and phone number as a reference for prospective campers. (Please delete items A or B if not granted).

Date: _____ Signature of both parents/guardians: _____

(If only one signature, consent implied from other parent) _____

NON-CUSTODIAL PARENT INFORMATION:

Please list information for a non-custodial parent that should receive duplicate information from camp. Non-custodial parental correspondence should be addressed to:

M/M, etc. _____

Address _____

City _____ State _____ Zip _____

Business Phone: _____ Home Phone: _____

HEALTH AND ACCIDENT INFORMATION:

Person to contact in case of emergency should parents be unavailable:

Phone: () _____ Business: () _____

IN CASE OF SURGICAL EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. I understand that all medical bills incurred for treatment of illness or accident will be forwarded to me for payment.

Signature _____
(Parent or Guardian)

Date _____ Camper's Full Name _____

Health and Accident Insurance Co. _____

Health and Accident Insurance Co. Address _____
Phone _____

Group Policy # _____ Ind. Policy # _____

Policy under name of: _____

Please send a High Rocks brochure to the following friends:

1. Parent's Name: (M/M, etc.) _____
Boy's Name _____ Age _____
Full Address _____
Street City State Zip
Phone _____

2. Parent's Name: (M/M, etc.) _____
Boy's Name _____ Age _____
Full Address _____
Street City State Zip
Phone _____