



2008 SUMMER CAMP REGISTRATION FORM

On-line registration is now available at www.presbyteriancenter.org
USE ONE FORM PER CAMPER
(This form may be duplicated)

Does the camper have any special, physical, medical, or behavioral needs? yes no
If yes, please call Holmes before registering so we can prepare for your child.

Name _____ Name Called _____
Last First Middle Initial

Address _____ / _____ / _____
Street Apt.# City State Zip

Date of Birth ____ / ____ / ____ Male ____ Female ____ School Grade in Sept. 2008 _____

T-Shirt Size Child S M Adult S M L XL XXL (please circle one)

Primary Email Address for Contact _____

Camper lives with Both Parents Mother Father Other _____

Custodial Parent/Guardian Name _____

Day Phone _____ Night Phone _____

Cell Phone _____ Email _____

Second Parent/Guardian Name _____

Day Phone _____ Night Phone _____

Cell Phone _____ Email _____

Alternate Emergency Contact Person _____

Relationship to Camper _____ Day Phone _____

Night Phone _____ Cell Phone _____

Church Name _____ Denomination _____

Church City _____ State _____ Presbytery _____

Register for session(s): (Please choose a 1st & 2nd choice as some camps fill quickly)

First Choice _____ Dates _____

Second Choice _____ Dates _____

Additional Session _____ Dates _____

Additional Session _____ Dates _____

Each camper is allowed **one** reciprocal request as a bunkmate. (Please check with the other camper and have your camper's name put on his/her registration form.)

I would like to be placed with _____ (one name only)

2008 SUMMER CAMP REGISTRATION FORM (Cont)

\$ _____	Camp Fee(s)
\$ _____	Subtract \$25.00 Early Bird Discount if paying in full before 5/1/07
\$ _____	Subtract \$10.00 Bring a Friend Discount
\$ _____	Optional Donation to Campership Fund (Helps low-income families send their children to camp)
\$ _____	Optional Donation to the Summer Camp Fund (Helps purchase new equipment for the summer camp program)
\$ _____	Total Camp Fee Due

Payment Details: **Check** **Visa** **Master Card**

Paying by credit card?

If so, please note that the **Total Camp Fee Due** will be charged at one time.

Paying \$75.00 deposit today for each camp session Paying in full today

Card # _____ **Expiration Date:** _____ / _____

Print Cardholder's name as it appears on the card _____

Cardholder's Signature X _____ **Today's Date** _____

Statement of Responsibility for Camper

I promise to participate in the camp activities with enthusiasm, trying to give my best in the spirit of Christ. I promise to obey the rules, which the camp has made for the best interest and safety for all including no violent behavior, and no alcohol, tobacco, drugs, fireworks, weapons, cell phones, electronic devices, food or any other inappropriate items.

Signature of Camper _____ **Date** _____

Statement of Parent or Guardian

In signing this application, I hereby certify that the information given is correct. I have read and understand the information in the camp brochure. I agree to abide by the refund policy and agree to pick my child up early for illness or disciplinary reasons.

I give permission for me/my child to participate in the activities of Holmes Presbyterian Camp and Conference Center recognizing there is an element of risk in any adventure, sport, or activity associated with the outdoors.

I permit my child to leave the grounds of Holmes, accompanied by authorized camp personnel, for approved out-of-camp activities; to be transported in camp approved vehicles, driven by camp approved drivers for camp approved activities.

I give permission for the use of photographs and video including my camper or articles written by my camper to be used in publicity including Holmes Presbyterian Camp and Conference Center website and internet sites promoting or reporting on Holmes.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied for trips out of camp.

Parent's or Guardian's Signature _____ **Date** _____