

# High Rocks

Camp High Rocks  
Father/Son Weekend Application  
May 2-4, 2008

Send completed application to **PO Box 210, Cedar Mountain, NC 28718**  
**Enrollment is limited.**

Father's Name: _____	Father and one son rate: \$300.00
Son(s): _____ Ages: _____	Each additional son: \$50.00
_____	Amount Enclosed: \$_____
_____	
Mailing Address: _____ _____ _____	*Rates include meals, accommodation, and program activities.
Phone #: _____	*Please enclose a \$100 deposit to hold your reservation.
Email: _____	*Payment will be returned due to cancellation provided notice is given by April 1, 2008.
Emergency Contact: Name: _____	
Phone #: _____	

- All adventure activities will be under the guidance and direction of High Rocks Staff.
- Accommodations will be provided in our cabins with bunk beds, electricity, and private bathrooms. You may room with one or more families with similarly aged boys or request cabinmates.
- All meals from Friday supper to Sunday lunch will be served in our dining hall. Please give us advanced notification of any dietary needs/allergies:

**RELEASE/CONSENT/ACKNOWLEDGMENT/ASSUMPTION OF RISK:**

We, the adult named on this application and undersigned parents (or guardians) of the child/children named on this application acknowledge that we are aware of the types of activities in which the adult/child will be participating during their attendance at Camp High Rocks during the 2008 season and that we have been given ample opportunity to ask any question which we may have about the environment in which the adult/child will live and the activities in which they will participate during their attendance at Camp High Rocks. We are aware of the dangers which are inherent in the operation of any camp and in the adult's/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, rafting, creek hiking, biking, archery, riflery, sailing, rock climbing, rappelling, 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 adult/child has. Because of the potential dangers inherent in participating in the activities of any camp, we recognize the importance of the adult's/child's obeying the instructions of camp employees and abiding by all camp rules and regulations. We have instructed the adult/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 adult/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 adult's/child's negligence or contributory negligence. 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 the adult/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)

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 the adult/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 \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Children's Full Names \_\_\_\_\_

\_\_\_\_\_  
Health and Accident Insurance Co.

\_\_\_\_\_  
Health and Accident Insurance Co.

Address \_\_\_\_\_

Phone \_\_\_\_\_

Group Policy # \_\_\_\_\_

Ind. Policy # \_\_\_\_\_

Policy under name of: \_\_\_\_\_

\_\_\_\_\_