

OFFICE USE
 DATE: _____
 ___ RTN ___ NEW
 CK# _____
 AKL: _____
 ___ ACCEPT
 ___ WAITLIST

High Rocks

Summer Camp for Boys

PO Box 210, Cedar Mountain, NC 28718
 www.highrocks.com mail@highrocks.com

PLACE
 RECENT
 PHOTO
 HERE

or email to:
 mail@highrocks.com

2011 APPLICATION

Founded 1958 -- Our Fifty-Fourth Season!

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 _____

*Please check preferred e-mail for correspondence.

2011 DATES AND RATES

SESSION	DATES	AGES	RATES
<input type="checkbox"/> 3-Week Session	June 12 to July 1	(ages 8 to 15)	\$3725
<input type="checkbox"/> 4-Week Session	July 4 to July 30	(ages 9 to 16)	\$4575
<input type="checkbox"/> Mini Session I	July 4 to July 16	(current 3rd & 4th grade)	\$2650
<input type="checkbox"/> Mini Session II	July 18 to July 30	(current 3rd & 4th grade)	\$2650
<input type="checkbox"/> 2-Week Session	August 1 to August 13	(ages 7 to 12)	\$2650
<input type="checkbox"/> Starter Camp	August 15 to August 20	(ages 7 to 10)	\$1175

Birthdate: Month _____ Day _____ Year _____ Age as of June, 2011 _____
 Height _____ Weight _____ Boy Scout? _____
 Please Circle T-Shirt Size: yM yL S M L XL
 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 2011 _____
 (Must have completed first grade)

How did you learn of High Rocks? _____
 Camps attended previously _____ Years _____
 My son requests to be in a cabin with: _____
 My son requests to NOT be in a cabin with: _____

I WOULD LIKE TO RECOMMEND THESE FRIENDS TO HIGH ROCKS

Name: _____ Name: _____
 Address: _____ Address: _____
 City, State, Zip: _____ City, State, Zip: _____
 Phone Number: _____ Phone Number: _____
 Email: _____ Email: _____
 Son's Name and Age _____ Son's Name and Age _____

PERSONAL INFORMATION

1. What would you like for us to help your son accomplish during his stay at High Rocks? _____

2. Please list any medical or emotional conditions (exp.: enuresis, sleepwalking, ADD or ADHD, allergies, asthma, special diet), which would require special medical attention or added attention from our staff.

3. Does your son take prescription medication during the school year? _____ Will he continue them at camp? _____
Please list and explain: _____

4. Does your son have any learning disabilities? Explain: _____

THE FOLLOWING MUST BE SIGNED TO COMPLETE THE APPLICATION: Please read carefully.

ACKNOWLEDGEMENT 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 all aspects of Camp High Rocks' program as described through the printed materials, DVD, and website. We have been given ample opportunity to ask any question which we may have about activities and the environment in which the child will live 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, 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 regarding our child.

RELEASE

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, Inc., 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. I agree that any dispute between Camp High Rocks, Inc., its owners, officers, directors, employees, contractors, volunteers and me shall be governed by the substantive laws of the State of North Carolina, and that any mediation or suit initiated for me and/or on behalf of my minor child named above shall occur or be filed in Transylvania County, North Carolina.

CABIN PLACEMENT POLICY

High Rocks directors reserve the right to place each camper in the cabin we feel is best. While careful consideration is given to each cabin request, the final decision rests with the directors. We try to arrange cabins so that no more than two boys from the same area are placed together. I agree to support the final decision of the directors in their cabin assignment for my son.

PARENT AUTHORIZATION

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 have read the information regarding enrollment on pages 3 and 4 of this application and agree to its terms. We grant permission to use photographs or video that includes our child for camp promotional purposes and on the Camp High Rocks web page.

Signature of both parents is required:

Parent or Guardian's Signature : _____ Print Name: _____ Date: _____

Parent or Guardian's Signature: _____ Print Name: _____ Date: _____

Camper's Pledge: I promise and agree to conform to the rules and regulations of Camp High Rocks.

Camper's Signature: _____ Print Name: _____ Date: _____