

# 2018 SUMMER CAMP REGISTRATION FORM

Online registration is available at [www.HolmesCamp.org](http://www.HolmesCamp.org)  
**OR**  
 USE ONE FORM PER CAMPER (This form may be duplicated)  
**Please complete both sides of this form to help us provide the best experience for your camper while they are at Holmes!**

Name \_\_\_\_\_ Name Called \_\_\_\_\_  
 Last First Middle Initial

Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Street Apt # City State Zip

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ School Grade entering Sept. 2018 \_\_\_\_\_

T-Shirt Size Youth 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 Attended Name \_\_\_\_\_

Church City \_\_\_\_\_ State \_\_\_\_\_ Denomination \_\_\_\_\_

**Please register me for session(s): (Please choose a 1st and 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) \_\_\_\_\_

\$ \_\_\_\_\_ Optional Donation to the Campership Fund  
 (Helps scholarship families send their children to camp.)

\$ \_\_\_\_\_ Camp Registration Fee(s)

\$ \_\_\_\_\_ Subtract 10% of Camp Registration Fee if paying in full by February 9, 2018.

\$ \_\_\_\_\_ Subtract 5% of Camp Registration Fee if paying in full February 10 - March 31 2018.

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**\$ \_\_\_\_\_ Total Camp Registration Fee Due**

\$ \_\_\_\_\_ Optional Canteen Payment

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**\$ \_\_\_\_\_ Total Payment to Holmes Presbyterian Camp and Conference Center**

**Payment Details:**  **Check** \$ \_\_\_\_\_ **Amount of check.**  
 **Master Card** \$ \_\_\_\_\_ **Amount to be charged.**  
 **Visa** \$ \_\_\_\_\_ **Amount to be charged.**  
 **American Express** \$ \_\_\_\_\_ **Amount to be charged.**  
 **Discover** \$ \_\_\_\_\_ **Amount to be charged.**

**Paying by credit card?**

**Card #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sec Code** \_\_\_\_\_

**Print Cardholder's name as it appears on the card** \_\_\_\_\_

**Cardholder's Signature X** \_\_\_\_\_ **Today's 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 me/my camper or articles written by me/my camper to be used in publicity including the 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** \_\_\_\_\_

# 2018 SUMMER CAMP REGISTRATION FORM

Please take a few moments to answer these questions completely. Your answers will provide helpful information to our counselors and staff as they prepare and plan for your camper to have an excellent week(s) at Holmes!

If you have any questions or concerns, please contact Natasha Taylor, Summer Camp and Youth Programs Director at [ntaylor@holmescamp.org](mailto:ntaylor@holmescamp.org) or 845-878-6383

Is this your camper's first time away from home for a week or more?

Yes       No

Does your camper have any emotional or behavioral issues? If so, please explain.

Does your camper make friends easily?

Yes       No

Your camper's development is considered:

Excellent       Above Average  
 Average       Below Average

Please note any special health issues or concerns your camper has (orthodontic attention, bedwetting, allergies, etc).

Your camper's attitude in regard to cooperation is:

Excellent       Above Average  
 Average       Below Average

Please list 3-5 adjectives that describe your camper:

Please list any dietary restrictions your camper has.

What is your camper looking forward to most while they are at Holmes this summer?

Please share any additional information that will help us provide an excellent camp experience for your camper!