

CAMPER NAME _____ / _____
FIRST M.I. LAST PREFERRED NAME

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Date of Birth ____/____/____ Age ____ Gender Male Female School Grade Fall of 2017 _____

Parent/Guardian Name(s) _____ Email _____

Phone # Home (____) _____ - _____ Cell (____) _____ - _____ Work (____) _____ - _____

How did you hear about Hat Creek Camp? Camp Fair ___ Church ___ Friend ___ Other _____

Please list people who are authorized to pick up your child/children from camp:

1. Name: _____ Phone # (____) _____ - _____

Relationship to Child: _____

2. Name: _____ Phone # (____) _____ - _____

Relationship to Child: _____

3. Name: _____ Phone # (____) _____ - _____

Relationship to Child: _____

- I have carefully considered the risk involved in camping activities and hereby give my informed consent for my child to participate in all activities offered in the program. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct. I further authorize the sharing of the information on this form with any volunteers or professionals who need to know of medical conditions that may require special consideration in conducting camp activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against Camp Hat Creek, Patrick Henry Family Services, all employees, volunteers, or related parties associated with any camp related program or activity."

Signature of Parents/Guardian _____

- I/we authorize the taking of photographs, videos or likeness of my child by Hat Creek Camps and Conferences for the use of advertising, public relations or any other purpose.

Signature of Parents/Guardian _____

Please enroll me for the following day camp session(s):

Sessions		Dates
	Day Camp 1	June 26-June 30
	Day Camp 2	July 3-7
	Day Camp 3	July 10-14
	Day Camp 4	July 17-21
	Day Camp 5	July 24-28

Camp Fee: (Per Session)	\$100
Payment	-
MY BALANCE DUE <i>(14 days before camps starts)</i>	=

Camper Fee Payments

Complete BOTH sides of this form and return to:

Hat Creek Camps
7145 Hat Creek Rd
Brookneal, Va. 2428

Campership Financial Assistance Application: To be completed by either parent(s) or guardian.

For this camper, we are requesting financial assistance from Hat Creek Camp.

Scholarship applications can be found online on our camp website, hatcreekcamps.org

DO NOT WRITE IN THIS BOX; OFFICE STAFF ONLY:

Date Received: _____

AMOUNT PAID: \$ _____ Check # _____ Date: _____ ****Remaining Balance** _____

AMOUNT PAID :\$ _____ Check # _____ Date: _____

Total amount reconciled