

Camper Profile

The following information is designed to help your child enjoy a happy and meaningful camp experience. This information will be used to help your child's counselor be prepared for working with your child. Honest, complete answers are appreciated.

Is this the campers first time away from home for a week or more? Yes No

List activities that he/she enjoys: _____

List adjectives that best describe your child: _____

	Excellent	Above Average	Average	Below Average
My child's development is considered:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child's attitude in regard to cooperation is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child's appreciation for the outdoors is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child's ability to deal w/ group living/mixing is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child make friends easily? Yes No

Does your child want to attend camp? Yes No

If no, please explain: _____

What is your child looking most forward to about the camp experience? _____

List any fears or concerns your child has: _____

List any emotional or behavioral concerns that your child has : _____

Please add any additional comments that could help us better serve your child: _____

Parent Agreement/Authorization

- I understand that the camp fee for a six day session is \$795, and a thirteen day session is \$1370. I understand and agree with the following payment schedule: A \$250 deposit and registration fee is due with this application. The \$200 deposit is non-refundable after March 1, 2010, but may be transferred to another session upon availability. *The \$50 registration fee is non-refundable.* Payment may be set up on a schedule if desired. The final balance is due April 30th, 2010. *No discounts are allowed for late arrivals or early departures. A refund of 1/2 the unused fee will be given for campers dismissed for health reasons. Dismissal due to homesickness or misconduct will result in forfeiture of the rest of a camper's stay and no refund will be available. Registration will be final upon receipt of full camp fee.*
- I approve the application above and the information in the Parent Information Sheet. My child has permission to participate in all activities, except the following: _____
- I grant permission for photographs of my child to be posted on the camp website and to be used for camp advertising.
- I agree to have my child's health report properly filled in by his or her family physician before the opening day of camp. (Please print one off of our website, www.strongrockcamp.com, or call the camp office to request one through the mail.) In the event I cannot be reached in an emergency, I hereby give permission to the physicians selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child.

By signing below, I am acknowledging that I have read and agree to the above terms and conditions:

Signature of parent or legal guardian: _____ Date: _____

Camp fee includes camp activities, a camp T-shirt, and a cabin photo. Parents may set up spending accounts for the camp store where campers can purchase souvenirs and afternoon snacks. (Evening snacks are provided at no charge). Suggested amounts are \$30 for a six day session, \$50 for a 13 day session.)

I am enclosing a check payable to Strong Rock Camp and Retreat for the registration fee and deposit of \$250.

Please charge my (circle one): Visa MC AmEx Disc # _____/_____/_____/_____ Exp. Date: ____/____

Amount: _____ Name on card: _____ V-code: _____
(last three digits in signature block on back of the card)

Signature: _____ Date: _____