

2010 ROCKMONT DAY CAMP

375 Lake Eden Road * Black Mountain, NC 28711 * Phone: 828-686-3885
Fax: 828-686-7332 * web: www.rockmont.com / e-mail: info@rockmont.com



Male Camper
Has finished K - 4th grade

Female Camper
Has finished K - 4th grade



Camper Information (Please Print)

Camper's Name (In full) _____ Friends call our child: _____
Home Address _____ Height _____ Weight _____
City _____ State Zip _____
Camper E-mail Address _____ Age as of June 1, 2010 _____
Date of Birth _____ School Attending _____ Current School Grade _____
Church Member Yes No Denomination _____
Camp Last Attended _____ No. of Years _____
Name and Age of Brother(s) _____ Sister(s) _____

Check Desired Day Camp Weeks Below

All sessions open on a Monday and end on a Friday. Up to three combination sessions are allowed but only two may be consecutive.

A non-refundable \$50 deposit is due with application by check or c-card.

Cost: \$275 per week (\$250 for siblings)

- June 14-18 (Week 1)
- June 21-25 (Week 2)
- June 28-July 2 (Week 3)
- July 5 - 9 (Week 4)
- July 12-16 (Week 5)
- July 19-23 (Week 6)
- July 26-30 (Week 7)
- August 2-6 (Week 8)

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If I am accepted, I promise to conform to the rules and regulations of Camp Rockmont and show a spirit of loyalty to and cooperation with the camp authorities.

Camper Signature _____

Parent Information (Please Print)

Father's Name (Dr. / Mr.) _____
Home Phone _____ Father's Cell _____
Occupation _____ Business Phone _____
Father's E-mail Address _____
Mother's Name (Dr. / Mrs.) _____
Home Phone _____ Mother's Cell _____
Occupation _____ Business Phone _____
Mother's E-mail Address _____
With whom should we correspond? _____
Are parents divorced or legally separated? Yes No
With whom does the child live? _____
Health Insurance Co. _____ Policy # _____
Address of Insurance Co. _____

PARENT AGREEMENT:

I certify that my child is fully capable of participating in camp activities. I understand that there is a certain degree of risk and possible injury related to the camp activities. I assume full responsibility for my child for bodily injury and loss of personal property and expenses thereof as a result of those inherent risks and of their negligence in participating in camp activities. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for my child as named above. I also give permission for photographs or video footage of my child to be used by the camp for promotional purposes.

Parent/Guardian Signature _____ Date _____

Please call us to share credit card info.

For Office Use

Adv/Dep\$ _____ Chk# _____

RCVD. _____ Registered

Acknowledged

Please attach a recent photograph

2010 Camp Rockmont Optional Information

Special Information (Please Print)

From whom did you first learn of Camp Rockmont? (Please be specific)

I Selected Camp Rockmont because...

Prospect Information (Please Print)

The following friends of mine might be interested in Rockmont for their child:

Parent's Name	Street Address / P.O. Box	City/State	Zip	Child's Name/Age
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