

# **CAMP HIGH HOPES**

Box 11038  
Syracuse, NY 13218

315-463-5354  
bobgraham04@msn.com

## **Camper Application - Aug. 15<sup>th</sup> to Aug. 21<sup>st</sup>, 2010**

**Print Neatly.      Attach a recent picture of this child.**

▶ Name: \_\_\_\_\_ ▶ Date of Birth: \_\_\_\_\_

▶ Home Phone: \_\_\_\_\_

▶ Address: \_\_\_\_\_

\_\_\_\_\_

*Place Picture Here*

\_\_\_\_\_

▶ E-Mail: \_\_\_\_\_

▶ Parent(s) \_\_\_\_\_ OR Guardian(s) \_\_\_\_\_

Name(s): \_\_\_\_\_

▶ Who will bring them to camp? \_\_\_\_\_

Who will take them home? \_\_\_\_\_

▶▶ **IN AN EMERGENCY** who should we call if we can't reach you?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

▶ Treatment Center: \_\_\_\_\_

▶ **Shirt Size** (check one): Youth Small \_\_\_\_\_ Youth Medium \_\_\_\_\_ Youth Large \_\_\_\_\_

Adult Sm. \_\_\_\_\_ Adult Med. \_\_\_\_\_ Adult Large \_\_\_\_\_ Adult XL \_\_\_\_\_ Adult 2X \_\_\_\_\_

### **Application Fee - \$25.00**

Pay by CASH or MONEY ORDER payable to Camp High Hopes.

This fee is will be refunded if you cancel by July 15<sup>th</sup>, 2010.

**If this is a hardship for you call 315 - 463 - 5354 right away!**

\$25.00 cash or money order included: Yes \_\_\_\_\_ No \_\_\_\_\_

## Authorization & Release

**Read all 5 sections carefully; this must be signed & notarized.**

I / We (parent/guardian) \_\_\_\_\_,  
having legal custody of (child) \_\_\_\_\_,

**1)** Give permission for this child to attend Camp High Hopes *August 15 to August 21* at Camp Aldersgate (NY Camping Ministries) in Brantingham, NY, and participate in all camp activities. In consideration of the benefits we derive from this we expressly waive all claims against Camp High Hopes, Camp Aldersgate, NY Camping Ministries, and their staffs/ representatives in the case of any accident/injury/illness that may occur to this child at camp.

**2)** Give permission for this child to receive treatment for their bleeding disorder AND any other emergency/urgent medical need that arise during camp. This may include taking the child to a hospital at the discretion of the Camp High Hopes Health Director. I accept responsibility for all costs associated with such emergency care and/or inpatient treatment.

**3)** Give permission for pictures/audio to be made of this child to publicize camp. No information identifying the child other than a first name will be used unless I sign a separate release form.

**4)** Accept responsibility for damage done to property of Camp Aldersgate, Camp High Hopes, or their campers/staff by this child, and agree to pay for the cost of such damage.

**5)** Accept that neither Camp Aldersgate or Camp High Hopes will be responsible for damage to or loss of any property this child brings to camp.

**6)** Agree to not give/let this child bring/have at camp Cell Phones/I-phones, PDA's, Computers, Video Games, DVD Players, or any other devices that call, message, access the internet, play movies or games even if they play music. They also will not bring caffeinated soda/drinks/food.

**7) I understand and accept that if this child refuses to follow camp rules and/or cooperate with the staff of Camp High Hopes or Camp Aldersgate they may be sent home.**

▶ Signature of Parent  
or Guardian \_\_\_\_\_

▶ Signature of Parent  
or Guardian \_\_\_\_\_

▶ This day \_\_\_\_\_ came \_\_\_\_\_  
identified to me as the person(s) who have signed here, and who have acknowledged they understand and freely agree to the terms and conditions of this authorization and release.

Notary  
Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

(notary stamp)