

2010 Session Application

Please Print! | Incomplete applications will be returned. | This application may be photocopied.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____ Phone _____

Age _____ Male Female Date of Birth _____ T-Shirt Size _____

Circle grade in next school year: K 1 2 3 4 5 6 7 8 9 10 11 12 Graduate

Name of Church (congregation) you attend: _____

Name of Parent(s) or Guardian(s) _____

Place of Employment _____ Work Phone _____

Place of Employment _____ Work Phone _____

E-Mail Address: _____

CHECK THE BOX ABOVE IF WE CAN CONTACT YOU BY E-MAIL INSTEAD OF BY REGULAR CORRESPONDENCE.

I want to attend the following session(s):

SESSION	AGES	SESSIONS DIRECTOR(S)
<input type="checkbox"/> Day Camp (June 7-11)	5-9	Chris Hughes
<input type="checkbox"/> Discovery Week (June 13-18)	8-12	Paul Schandavel/Chad Wagner
<input type="checkbox"/> Regular Session (June 20-25)	9-16	Spencer Furby
<input type="checkbox"/> Regular Session (June 27-July 2)	9-16	Gary Cremeens/Jim Laughary
<input type="checkbox"/> Teen Week (July 11-16)	13-18	Trey Reely/Brian Kello



DAY CAMP FEE: \$85 • OVERNIGHT SESSION FEE: \$115
A \$30 NON-REFUNDABLE DEPOSIT MUST ACCOMPANY THIS APPLICATION!

HEALTH AND ACCIDENT INFORMATION

Does the applicant have any special physical conditions? Yes No

Does he/she take any regular medications? Yes No

Does he/she have allergies, or are there any special instructions or restrictions? Yes No

If you answered YES to any of these questions, please attach a brief explanation.

Person to contact in case of an emergency should parents be unavailable: _____

Phone: (Home) _____ (Office) _____ Relationship _____

Medical Release: I give permission for above child to receive emergency medical treatment from a qualified physician.

Parent/Guardian Signature _____ Date _____

Health and Accident Insurance Company: Name _____

Group # _____ Address: _____

Ind.# _____ City, State, Zip: _____

CONTINUED ON BACK ➔

<p>OFFICE USE ONLY</p> <p>D _____</p> <p>\$ _____</p> <p># _____</p> <p>AD _____</p>	<p>Send Application To: Crowley's Ridge Youth Camp 5515 Walcott Road • Paragould, AR 72450 Deposit should be sent with your completed application. See the back of this sheet for cost, dates and additional information.</p>	<p>QUESTIONS? Call: 870.573.6766 Email: director@crowleysridgeyouthcamp.com</p>
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A SPIRITUAL ADVENTURE.

c/o Children's Homes, Inc.
5515 Walcott Road • Paragould, AR 72450

BUNKING REQUEST

Bunkmates: _____
(We make no guarantees regarding cabin placement.)

Does the applicant have special needs (i.e. handicapped-accessible)? Yes [] No []

PUBLICITY RELEASE/APPROVAL

As parent/guardian of the child listed on this application, I hereby grant Crowley's Ridge Youth Camp and/or Children's Homes, Inc., permission to use photographed or videotaped images of my child for use in publications, websites and/or displays designed for promotion of CRYC and its facilities and programs. I also grant permission for my child's photo to be taken and published/broadcast by local media for the purpose of publicizing CRYC.

Parent Signature _____

AGREEMENT TO HOLD HARMLESS

This agreement, made between Crowley's Ridge Youth Camp and _____, parent(s) of legal guardian(s), provides as follows:

- I am the parent or legal guardian of _____, a participant in the Crowley's Ridge Youth Camp activities.
In consideration of my child being able to participate, I expressly agree to hold Crowley's Ridge Youth Camp harmless in any form from and against any and all claims, loss, damage, injury and liability, however caused, results from, arising out of, or in any way connected with the participation in any activities while attending Crowley's Ridge Youth Camp.

This agreement entered on this ____ day of _____, 2010.

Parent's (Guardian's) Signature _____

Print Name _____