



2012 Camper Application



CAMP WINDHOVER Summer Camp for Youths 2092 SIX MILE ROAD CRYSTAL SPRINGS, MISSISSIPPI 39059 www.campwindhover.com (601) 892-3282

Please reserve a place for _____ (name of camper) for the session(s) indicated below. I have read, and I agree to, the terms of enrollment and regulations of the camp as stated in the Camp Policies. I give permission for my child to engage in all camp activities, except as noted by me in this application. I give permission for photographs/video of my child to be used by the camp for promotional purposes. 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 and/or treat my child.

Camp fees may be paid online (see directions on website) or by mailing a check to Camp Windhover. If applying before June 1, you may pay the entire fee at time of application, or you may pay a deposit of \$250 and pay the balance by June 1. If applying after June 1, please pay the entire fee at time of application. (Refund policy is stated in Camp Policies.)

Signature of Parent or Guardian

Date

On my honor, in the spirit of Camp Windhover, I promise to be trustworthy, helpful, honest, and true and to encourage others to be likewise. I also agree to abide by the rules and regulations of Camp Windhover.

Camper's Signature

Camper T-shirt size:

- Youth small Adult small
 Youth medium Adult medium
 Youth large Adult large
 Adult X-large

Please indicate the session(s) desired:

- Session One** June 10-16
 Session Two June 17-23
 Session Three June 24-30
 (No camp July 1-7)
 Session Four July 8- 14
 Session Five July 15-21

PLEASE SUBMIT HEALTH FORM AT LEAST ONE WEEK BEFORE YOUR CAMP SESSION. HEALTH FORM MAY BE SENT SEPARATELY FROM APPLICATION. (HEALTH FORMS ARE AVAILABLE ONLINE, OR CALL.)

Campers are boys and girls ages 7-14 who have finished the 1st-8th grades. All sessions begin on Sunday at 2:30 p.m. and end on Saturday after 10:00 closing activities. Campers may, and are encouraged to, combine any two or more sessions, and are welcome to stay over Saturday night between sessions at no extra charge.

Fees:	Early Bird (app. by Feb. 15)		Regular (app. after Feb. 15)	
	1 st -2 nd *	3 rd -8 th *	1 st -2 nd *	3 rd -8 th *
Any one week	\$625	\$725	\$700	\$800
Any two weeks	\$1200	\$1400	\$1350	\$1550
Any three weeks	\$1725	\$2025	\$1950	\$2250

* 1st-2nd means campers who will have completed 1st-2nd grades. 3rd-8th means campers who will have completed 3rd-8th grades.

THANK YOU FOR TRUSTING US WITH THE CARE OF YOUR CHILD.

Parents/Guardians: _____

Home address _____

City _____ State _____ Zip _____

Mother's Cell # _____ Office # _____ Home # _____

Father's Cell # _____ Office # _____ Home # _____

E-mail Address(es) _____

CAMPER INFORMATION:

Date of Birth: Month _____ Day _____ Year _____ Age at camp time _____ Gender _____

School (before camp) _____ Grade (before camp) _____

This will be my _____ (1st, 2nd, etc.) year at Camp Windhover.

CONFIDENTIAL QUESTIONNAIRE:

1. Has s/he been a camper elsewhere? _____ When? _____ Where? _____

2. Does s/he have brothers? _____ Names and Ages _____

3. Does s/he have sisters? _____ Names and Ages _____

4. 3RD-8TH GRADE CAMPERS: To help us schedule, mark five activities in which your camper has the most interest. **The camper will not be limited to those activities marked and will be able to change after the first day.** (1st and 2d grade campers will be placed together and will have an opportunity to try a selection of many of the activities.)

- | | | | |
|------------------|--------------------------|-------------------------------------|------------------------|
| ____ drama | ____ guitar, bass guitar | ____ drums | ____ photography |
| ____ canoeing | ____ mountain biking | ____ sports | ____ wilderness skills |
| ____ visual arts | ____ crafts/pottery | ____ dance | |
| ____ archery | ____ horseback | ____ rock wall climbing and zipline | |
| ____ chorus | ____ cooking | ____ creative writing | |

In addition to these activities, all campers may participate in free swim and lake activities.

5. Does your camper have any learning or other difficulties we should know about? Please explain.

6. What in particular do you wish your camper to gain at Windhover? _____

7. How did you hear of Camp Windhover? _____

PARENTS' COMMENTS: Please give any suggestions that will be helpful to the staff members in providing your camper a happy, worthwhile camping experience. (Please include all medical information on the Health History and Examination Form.)

I WOULD LIKE TO RECOMMEND THE FOLLOWING POTENTIAL CAMPERS FOR WINDHOVER. Camper's and Parents' Name and Full Address:

1. _____
2. _____
3. _____