



OFFICE USE	
Date	_____
\$	_____
C	AR _____
L	PK _____

Family Camp Application 2018

Arrive after 4:30 Thursday, August 3rd through breakfast, Monday, August 7th
 \$420 per person for up to 3 family members.
 Additional members* are \$160 each. *immediate family living in same household
 Children 3 & under, cared for by the parents, are free.

Date: _____

I hereby apply for membership for family camp. Please PRINT names:

Last	First	Middle	Age	Preferred name
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Address: _____
Use another sheet for Additional names. Street City State Zip

Home Phone _____ All Cell Phones: _____

E-mail Addresses: _____

Has any family member attended Kahdalea/Chosatonga? _____ Any attending this summer? _____

How did you learn of Family Camp? _____

Father's Business or Profession: _____

Mother's Business or Profession: _____

Father's Business Phone (_____) _____ Mother's Business Phone (_____) _____

Statement should be sent to (Name) _____

Address: _____
Street City State Zip

*Upon arrival, please let us know if anyone will have a birthday or an anniversary while here.
 ...and, please let us know, as soon as you can, if you will miss opening dinner or breakfast.*

TO THE PARENTS:

A reservation fee of \$250 must accompany the application. Full balance is payable on or before arrival at camp. If cancellation request is made prior to July 15, the amount paid will be refunded minus a \$50 fee. After July 15 the entire reservation fee is forfeited. There is no refund for people arriving late or leaving early.

Legal Actions and Venue: I, and my family or guests have been examined by a physician recently and are in good health. My account may be referred to an attorney or other agent for collection. If my account is collected in this manner, I agree to pay all costs of collection including reasonable attorney fees. Furthermore, I agree that any legal actions by us (me) for any reason will be in the exclusive jurisdiction of any court of the state of North Carolina located in the county of Transylvania and in the case of decisions in favor of said camp, I will be responsible for court costs, legal fees and out of pocket expenses of camp, its owners and employees.

MEDICAL EMERGENCY AUTHORIZATION AND RELEASES

I hereby give permission to the medical personnel selected by Camp Kahdalea to order X-rays, routine tests and treatment for me, my spouse, my children or other minor charges, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp Kahdalea to hospitalize, secure treatment for, and to order injection, anesthesia and/or surgery for me or my spouse/child or group member as named above. I also give permission for routine medical care for my child by Camp Kahdalea's medical personnel.

I give permission to participate and understand that camp life, activities and trips have inherent risks including those of accidents, injury and even possibly death. Safety is a primary goal at camp. Counselors often have years of experience and usually go through a significant amount of training in First Aid, Wilderness First Aid, C.P.R., and/or activity skills, however I understand that they are fallible. I understand there are inherent risks regarding camp and the activities including but not limited to the following: living in a woodland setting, a child not following directions, backpacking, hiking, caving, dance, gymnastics, high ropes course, mountain biking, horseback riding, whitewater paddling, swimming, field sports, games, rock climbing, camp life, sleeping in primitive cabins or shelters, acts of nature, hail, lightning, bee stings, raccoon or bat or other animal contact and such animals could carry rabies, falling from bicycles, horses, rocks, rough trails and steps; as well as water related accidents or automobile accidents and more. In addition, the camp is not a lockdown facility, and cannot be responsible for a minor who wishes to run away or who leaves camp without permission. I further acknowledge that I will give, before camp, full disclosure of any preexisting physical or psychological conditions, challenges or problems which the child has. Any conditions must be accompanied by a doctor's statement regarding the camper's ability to participate.

Further, I attest that I have read this form and understand its contents and that I am at least eighteen years of age and I am authorized to sign on behalf of all of the members of my party.

Hold Harmless & Indemnification: To the extent allowed by law, I the undersigned waive, release, forever discharge and agree to indemnify and hold harmless David & Anne Trufant, Inc. dba Camp Kahdalea & Camp Chosatonga and/or its agents and/or employees and property owners from all rights and claims for damages, injury or loss to person or property which may be sustained or occur on or off the property during my child's stay with camp whether caused by negligence or otherwise.

I am responsible for any medical expenses incurred beyond the scope of the camp infirmary.

I hereby give my permission to use our images and to publish them without debts or liabilities of any kind.

I will read and understand the Family Camp Handbook and I am authorized to sign for all members of my party.

Signature of Authorized Parent/Guardian

Late Arrival? Some families find they must arrive late. **Please** advise us of your arrival time so we may plan dinner arrangements. Just E-mail us or call the office (828) 884-6834. Thanks!

Please list any friends to whom we might send camp information.

Parents' Names _____ Phone(____) _____

Children's Names _____

Address _____

Parents' Names _____ Phone(____) _____

Children's Names _____

Address _____