

CAMP  
KAHDALEA  
FOR GIRLS

CAMP  
CHOSATONGA  
FOR BOYS

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

*Family Camp Application 2010*

Thursday Evening Campfire August 5th through August 10th, Tuesday Morning  
 \$290 per person for up to 3 family members.  
 Additional members are \$150 each.  
 Children 2 & 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 Back for Additional names. Street City State Zip

Home Phone \_\_\_\_\_ All Cell Phones: \_\_\_\_\_

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.*

**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 charge for infants, 2 & under, cared for exclusively by the family. For immediate families greater than 3, additional family members are only \$150 per person. Cabins may be available at the rate of \$45/day/family during the interim between regular camp and Family Camp if there is one available. During that time, however, the camp program is closed as well as the kitchen.

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 the camp to order X-rays, routine tests and treatment for me/or my spouse or minor 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 the camp 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 the camp.

In consideration of the use of the premises of CAMP KAHDALEA, located in Transylvania County, North Carolina, the undersigned hereby waives any and all claims for me and for my minor children or other minor charges, and for the heirs or assigns of all of the aforesaid parties, against CAMP KAHDALEA, its successors, assigns, and individual owners and employees, for injury, illness or property damage resulting or which may result from any occurrence or accident happening on the premises of CAMP KAHDALEA or a camp associated trip. I understand there are inherent risks. Activities include backpacking and 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 and more; all of which have inherent risks. Various inherent risks include acts of nature, hail, lightning, bee stings, bat or other animal contact, etc.; falling from bicycles, horses, rocks, stairs; as well as water related accidents or automobile accidents and more. Further, I state that I have read this form and understand its contents and that I am at least eighteen years of age and authorized to sign on behalf of all of the members of my party.

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

I hereby give my permission to use our picture and to publish it 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

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 \_\_\_\_\_