

Camp Gray Rock Camper Registration Packet 2022

337 Camp Rainbow Road, Boone, NC 28607

Camp Office Number (828) 963-4680

www.campgrayrock.com

Hello Campers and Families,

We are very excited to present our 2022 Registration Packet! Please read the following information very carefully. Our camp is growing and we have made a few changes to accommodate the growth.

This year we have 6 Camp Sessions:

Session 1:	June 19 - 25	GIRLS
Session 2:	June 26 - July 2	GIRLS
Session 3:	July 3 - 9	GIRLS
Session 4:	July 10 - 16	BOYS
Session 5:	July 17 - 23	BOYS
Session 6:	July 24 - 30	BOYS

Camp starts on Sunday - check-in is 1:00-3:00 pm. Camp ends on Saturday, with pickup from 9:00 am until 11:00 am. Our staff is unable to accommodate arrivals or departures outside of this window, so please plan accordingly.

Multiple-week stays: If your camper wishes to stay for more than one week, we do provide Saturday night stays for an additional \$30 per camper, payable in cash upon check-in at camp. This includes all activities, meals, and supervision between camp sessions. Due to increased demand, we may not be able to reserve 3 week stays, but we will let you know if there is space available for 3-week campers should you be interested.

Camp Buddies: There is a new place on the registration form for requesting a camp buddy. Cabin assignments are made on a number of factors, mainly by age and grade level. If your camper has a camp buddy within a year of age, feel free to put their name on that part of the application. We will do our best to accommodate, but cannot guarantee, camp buddy requests.

Completed Registration Packets: When you have completed the Registration Form and Medical Form, please mail a check for \$300 per camp week to the following address:

**Camp Gray Rock - Cindy Carner
774 Lynnwood Farms Drive
Fort Mill, SC 29715**

Any incomplete registration packets or packets mailed to the Camp address in Boone will not be processed. We will **email** your confirmation when your application is processed.

Camp Gray Rock Camper Registration Form 2022

Camper's Full Name: _____ Gender: _____

Preferred Name: _____ Date of Birth: _____ Age at Camp: _____

Grade in School Next Year: _____ School Name: _____

Has camper been to this camp before? Circle one: YES NO Camp Buddy* _____

* Camper may choose ONE camp buddy within a year of their age

Parent/Guardian Name(s): _____

Preferred Phone Number: _____ Parent Email: _____

Complete Mailing Address: _____

Is there anything we need to know about your camper in order to make his/her stay at camp successful?

Girls Sessions: Session 1 - June 19-25, Session 2 - June 26 - July 2, Session 3 - July 3-9

Boys Sessions: Session 4 - July 10-16, Session 5 - July 17-23, Session 6 - July 24-30

Session # you would like to attend: FIRST CHOICE: _____ SECOND CHOICE: _____

Circle ONE T-shirt size: ADULT SIZES: (S) (M) (L) (XL) (2XL) (3XL) YOUTH SIZES: (M) (L)

I understand that there is a certain degree of risk and possible injury by the reason of the camp and its activities. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/dentist selected by the camp official to hospitalize, secure proper treatment for and to order injections of anesthesia for surgery for my child named above. _____
(Parent/Guardian INITIALS)

I hereby give permission to Camp Gray Rock to photograph and/or video my child for daily updates on the camp Facebook page or for promotional purposes. _____ (Parent/Guardian INITIALS)

I hereby give my permission to Camp Gray Rock to transport my child so that my child may attend off-campus field trips or to receive medical care. _____ (Parent/Guardian INITIALS)

Parent/Guardian Signature: _____ Date: _____

If Sponsored by a Chapter or Lodge, please complete this portion.

Recommending Chapter or Lodge: _____

Mailing Address: _____

Secretary Phone Number _____

Secretary Signature _____

SEAL

PLEASE MAIL completed Registration Packet, including Medical Form, and a \$300 check made payable to CAMP GRAY ROCK to: **Camp Gray Rock - Cindy Carner, 774 Lynnwood Farms Drive, Fort Mill, SC 29715**. ***Please send all applications by May 31. ANY APPLICATIONS AFTER MAY 31 will require a camp fee of \$325. No applications will be received and no refunds given within 1 week of check-in.

Camp Gray Rock Camper Medical Form

For the health and safety of each camper, our camp must have a current medical form on file prior to attending camp. It is not necessary to have this form filled out by a doctor; our nurse will review medical forms with all campers at check-in. It is camp policy to collect all medications (including Over-the-Counter medications like Tylenol, ibuprofen, etc.) and check for head lice during check-in. Please have all medications in their original containers and available for the nurse upon arrival at camp.

Camper's Name : _____ Nickname: _____

Date of Birth: _____ Age at camp: _____

Camper's Personal Doctor: _____ Phone Number: _____

Emergency Contact if parent cannot be reached: _____

Phone No _____ Relationship to Camper: _____

Name of Insurance Company: _____

Address & Policy/Subscriber Number: _____

Date of Last Tetanus Shot (within last 10 years): _____ Received Covid-19 Vaccine? _____

Are All Vaccinations up to date? Choose 1: () Up to Date () Exempt () Not Sure

Please check all that applies to camper:

Allergies:	Chronic/Recurring Illness - comment where applicable	
() Animals	() Ear Infections	() Fainting
() Food	() Heart Disease	() Bedwetting
() Insect Stings	() Seizures	() Motion Sickness
() Medicine/Drugs	() Asthma	() Constipation
() Other	() Diabetes	() Nosebleeds
() Hay Fever/ Seasonal Allergies <i>(Rhododendrons are in bloom during camp)</i>	() Other	

My Camper has permission to take the following:

() Tylenol/Acetaminophen	() Pepto-Bismol	() Dramamine/Motion Sickness Relief
() Ibuprofen/Advil	() Tums/Antacid	() Antibiotic Ointment
() Sudafed/Decongestant	() Robitussen/Expectorant	() Hydrocortisone or Benadryl Cream
() Benadryl/Antihistamine	() Swimmer's Ear solution	() Lidocaine

Please list any other medical or dietary requirements not mentioned above that we should be aware of:

CLEARLY LIST ALL MEDICATIONS, FREQUENCY, DOSAGE & REASON FOR TAKING ON THE BACK OF THIS FORM.

Listing this information in advance will save valuable time on Check-in day. All Prescription Medications and purposes must be listed. Please do not stop any medications just before camp as we are very diligent in administering medication as directed by the doctor to ensure your camper's well-being and safety.