

Camp Gray Rock Camper Registration Form 2025

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 15-21, Session 2 - June 22-28 Session 3 - June 29 - July 5

Boys Sessions: Session 4 - July 6-12, Session 5 - July 13-19, Session 6 - July 20-26

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: _____

SEAL

Secretary Phone Number _____

Secretary Signature _____

PLEASE MAIL completed Registration Packet, including Medical Form and a \$400 check made payable to **CAMP GRAY ROCK** and mail to: **c/o Gloria Scott, 806 Woodard Dr., Whitsett NC 27377**. *** Please send all applications by May 31. Any applications after May 31 will require a camp fee of \$425. No applications will be received and nor refunds will be given within 1 week of check-in.

"Cleared by Clearing Committee"

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): _____

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	
<input type="checkbox"/> Animals	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Fainting
<input type="checkbox"/> Food	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Bedwetting
<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Seizures	<input type="checkbox"/> Motion Sickness
<input type="checkbox"/> Medicine/Drugs	<input type="checkbox"/> Asthma	<input type="checkbox"/> Constipation
<input type="checkbox"/> Other	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Nosebleeds
<input type="checkbox"/> Hay Fever/ Seasonal Allergies <i>(Rhododendrons are in bloom during camp)</i>	<input type="checkbox"/> Other	

My Camper has permission to take the following:

<input type="checkbox"/> Tylenol/Acetaminophen	<input type="checkbox"/> Pepto-Bismol	<input type="checkbox"/> Dramamine/Motion Sickness Relief
<input type="checkbox"/> Ibuprofen/Advil	<input type="checkbox"/> Tums/Antacid	<input type="checkbox"/> Antibiotic Ointment
<input type="checkbox"/> Sudafed/Decongestant	<input type="checkbox"/> Robitussin/Expectorant	<input type="checkbox"/> Hydrocortisone or Benadryl Cream
<input type="checkbox"/> Benadryl/Antihistamine	<input type="checkbox"/> Swimmer's Ear solution	<input type="checkbox"/> 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.

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