

Camp Gray Rock Camper Registration Packet 2026

Camp Office Number (828) 963-4680 www.campgrayrock.com

Hello Campers and Families,

We are very excited to present our 2026 Registration Packet! Please read the following information very carefully. Our camp is growing and we have made a few changes to accommodate the growth.

We are continuing to seek a Director and a Full-time Cook as well as counselors.

This year we will again have 6 Sessions:

Session 1:	June 21 - 27	GIRLS
Session 2:	June 28 – July 4	GIRLS
Session 3:	July 5 – 11	GIRLS
Session 4:	July 12 - 18	<u>GIRLS</u>
Session 5:	July 19 - 25	BOYS
Session 6:	July 26 – August 1	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. We are limiting Campers to a total of 40 per week. Send in your registration forms quickly to receive your preferred week!

Multiple-Week Stays: We will **no longer provide Saturday night stays** for campers who are staying multiple weeks. The Staff need that time to relax and prepare for the next week. Campers are still welcome to come for multiple weeks, but will need to leave the campus Saturday by 11am and return Sunday between 1 and 3 pm.

Camp Buddies: There is a 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 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 them with a check for \$450 per camp week to the following address:

Gloria Scott
806 Woodard Drive
Whitsett NC 27377

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

Camp Gray Rock Camper Registration Form 2026

Camper's Full Name: _____ Gender: _____

Preferred Name: _____

Grade in School Next Year: _____

Has camper been to this camp before? ☐ 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 21 - 27, **Session 2** - June 28 - July 4, **Session 3** - July 5 - 11, **Session 4** - July 12 - 18
Boys Sessions: **Session 5** - July 19 - 25, **Session 6** - July 26 - August 1

Session # you would like to attend: First Choice _____ Second Choice: _____

T-Shirt size: ADULT SIZES: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL
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 my 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 my 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 \$450 check made payable to **CAMP GRAY ROCK** 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 \$475. No applications will be received and no refunds will be given within 1 week of check-in.

Cleared by Clearing Committee

1/19/26

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.

"Cleared by Clearing Committee"

1/19/26