



## 2014 Camper Application



### CAMP WINDHOVER Summer Camp for Youths 2092 SIX MILE ROAD CRYSTAL SPRINGS, MISSISSIPPI 39059 [www.campwindhover.com](http://www.campwindhover.com) (601) 892-3282

Please reserve a place for \_\_\_\_\_ (name of camper) for the session(s) indicated below. I have read, and I agree to, the terms of enrollment and regulations of the camp as stated in the Camp Policies. I give permission for my child to engage in all camp activities, except as noted by me in this application. I give permission for photographs/video of my child to be used by the camp for promotional purposes. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize and/or treat my child.

Camp fees may be paid online (see directions on website) or by mailing a check to Camp Windhover. If applying before June 1, you may pay the entire fee at time of application, or you may pay a deposit of \$300 and pay the balance by June 1. If applying after June 1, please pay the entire fee at time of application. (Refund policy is stated in Camp Policies.)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

On my honor, in the spirit of Camp Windhover, I promise to be trustworthy, helpful, honest, and true and to encourage others to be likewise. I also agree to abide by the rules and regulations of Camp Windhover.

\_\_\_\_\_  
Camper's Signature

Camper T-shirt size:

- Youth small       Adult small
- Youth medium     Adult medium
- Youth large        Adult large
- \_\_\_\_\_             Adult X-large

**Please indicate the session(s) desired:**

- Session One**            June 8-14
- Session Two**            June 15-21
- Session Three**          June 22-28
- Session Four**            July 6-12

PLEASE SUBMIT HEALTH FORM, SIGNED BY PEDIATRICIAN, NO LATER THAN ONE WEEK BEFORE YOU CAMP SESSION. HEALTH FORMS ARE AVAILABLE ONLINE, OR CALL.)

Campers are boys and girls ages 7-14 who have finished the 1<sup>st</sup>-8<sup>th</sup> grades. All sessions begin on Sunday at 2:30 p.m. and end on Saturday after 10:00 a.m. closing activities. Campers may, and are encouraged to, combine any two or more sessions, and are welcome to stay over Saturday night between sessions at no extra charge. Each week features a different special day, such as Harry Potter Day or Super Hero Day and more. The Early Bird discount applies to applications submitted by February 15.

2014 Fees:	Completed 1 <sup>st</sup> -2 <sup>nd</sup> Grade		Completed 3 <sup>rd</sup> -8 <sup>th</sup> Grade	
	<u>Early Bird</u>	<u>Regular</u>	<u>Early Bird</u>	<u>Regular</u>
Any one week	\$675	\$750	\$775	\$850
Any two weeks	\$1300	\$1450	\$1500	\$1650
Any three weeks	\$1925	\$2150	\$2225	\$2450

**THANK YOU FOR TRUSTING US WITH THE CARE OF YOUR CHILD.**

Parents/Guardians: \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Office # \_\_\_\_\_ Home # \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Office # \_\_\_\_\_ Home # \_\_\_\_\_

E-mail Address(es) \_\_\_\_\_

**CAMPER INFORMATION:**

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age at camp time \_\_\_\_\_ Gender \_\_\_\_\_

School (before camp) \_\_\_\_\_ Grade (before camp) \_\_\_\_\_

This will be my \_\_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, etc.) year at Camp Windhover.

**CONFIDENTIAL QUESTIONNAIRE:**

1. Has s/he been a camper elsewhere? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

2. Does s/he have brothers? \_\_\_\_\_ Names and Ages \_\_\_\_\_

3. Does s/he have sisters? \_\_\_\_\_ Names and Ages \_\_\_\_\_

4. 3<sup>RD</sup>-8<sup>TH</sup> GRADE CAMPERS: To help us schedule, mark five activities in which your camper has the most interest. **The camper will not be limited to those activities marked and will be able to change after the first day.** (1<sup>st</sup> and 2d grade campers will be placed together and will have an opportunity to try a selection of many of the activities.)

_____ drama	_____ guitar, bass guitar	_____ drums	_____ photography
_____ canoeing	_____ mountain biking	_____ sports	_____ wilderness skills
_____ visual arts	_____ crafts/pottery	_____ dance	
_____ archery	_____ horseback	_____ rock wall climbing and zipline	
_____ chorus	_____ cooking	_____ creative writing	

All campers may also participate in sports, games, yoga, and all pool and lake activities.

5. Does your camper have any learning or other difficulties we should know about? Please explain.  
\_\_\_\_\_  
\_\_\_\_\_

6. What in particular do you wish your camper to gain at Windhover? \_\_\_\_\_

7. How did you hear of Camp Windhover? \_\_\_\_\_

PARENTS' COMMENTS: Please give any suggestions that will be helpful to the staff members in providing your camper a happy, worthwhile camping experience. (Please include all medical information on the Health History and Examination Form.)  
\_\_\_\_\_  
\_\_\_\_\_

I WOULD LIKE TO RECOMMEND THE FOLLOWING POTENTIAL CAMPERS FOR WINDHOVER. Camper's and Parents' Name and Full Address:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_