

## 2025 Family Camp 1 & Family Camp II/Health Professionals Application

MUST be completed by all Family Camp Families

**A. Names of ALL campers:**

**Father:** \_\_\_\_\_

List all Allergies, Medications, Health Conditions, Treatments, Restrictions or Accommodations: \_\_\_\_\_

**Mother:** \_\_\_\_\_

List all Allergies, Medications, Health Conditions, Treatments, Restrictions or Accommodations: \_\_\_\_\_

**Child 1:** \_\_\_\_\_

List all Allergies, Medications, Health Conditions, Treatments, Restrictions or Accommodations: \_\_\_\_\_

**Child 2:** \_\_\_\_\_

List all Allergies, Medications, Health Conditions, Treatments, Restrictions or Accommodations: \_\_\_\_\_

**Child 3:** \_\_\_\_\_

List all Allergies, Medications, Health Conditions, Treatments, Restrictions or Accommodations: \_\_\_\_\_

**Child 4:** \_\_\_\_\_

List all Allergies, Medications, Health Conditions, Treatments, Restrictions or Accommodations: \_\_\_\_\_

**NOTE:** For any non-family children fill out the other side of this application.

**B. Contact Information:**

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**C. Fees**

	<u>Weekly</u>	<u>Per Night</u>
Adults	\$348.00	\$60.00
Ages 4-13	\$291.00	\$47.00
Ages 0-3	FREE	FREE

**D. We Plan to Attend:**

- \_\_\_ Family Camp 1: July 27-August 3
  - \_\_\_ Family Camp II/Health Professional: August 3-10
  - \_\_\_ We need cabin space
  - \_\_\_ We will bring a tent/trailer
- (space is limited-hookups available: deduct \$25 from total fee)*

# of Adults		x \$348.00	
# of ages 4-13		x \$291.00	
# of ages 0-3		FREE	
		Subtotal	
		Discounts*	
		Total for Picture/DVD	
		<b>TOTAL DUE**</b>	

\*\* If paying by credit card, a 3% surcharge will be added to the total.

- **\$200 DEPOSIT REQUIRED WITH APPLICATION**
- Pets are **NOT** allowed at Camp.
- Mail this form with payment to: Camp Cherokee/NY Conference  
P O Box 15502, Syracuse NY 13215
- Early Bird Discount: If paid in full by **June 1**, deduct \$25 from total fee.
- Cancellation Policy: No refund of deposit after **June 1**
- Campers staying the full week will receive preference until **July 1**.
- **Full payment is expected upon arrival at the camp.**
- Member rate: For NY Conference church constituents, who support the camp through their local church offerings, a **\$25 discount** if given for total bill.
- Bring a new camper family or couple to Cherokee and we'll credit \$25 toward your family camp fee. Combine this credit with your Early Bird registration discount and save a total of \$50!

For Office Use Only							
	Amount	Date	Receipt #		Amount	Date	Receipt #
Payment				Payment			
Payment				Payment			

D. Non-Family Children that are accompanying your family

**Child 1:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Home Phone: \_\_\_\_\_

List all Allergies, Medications, Health Conditions, Treatments, Restrictions or Accommodations: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Address \_\_\_\_\_

Business Address \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

Other Parent/Guardian \_\_\_\_\_ Home Address \_\_\_\_\_

Business Address \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

In the event of emergency, and parent/guardian cannot be reached, notify:

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

**Parents** – Please Initial Applicable Statements (1 & 2 required)

\_\_\_\_ I give my permission for a doctor or nurse to treat my child in the event of an emergency. My child suffers from no chronic illnesses.

\_\_\_\_ I have read the camp brochure and will comply with all regulations, policies and procedures stated therein.

\_\_\_\_ I permit Camp Cherokee to use photographs of my child for promotional purposes.

\_\_\_\_ I give permission to my child to participate in camp activities, such as: horseback riding, tubing, swimming, archery, Rockwall climbing, crafts and more!

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Child 2** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Home Phone: \_\_\_\_\_

List all Allergies, Medications, Health Conditions, Treatments, Restrictions or Accommodations: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Address \_\_\_\_\_

Business Address \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

Other Parent/Guardian \_\_\_\_\_ Home Address \_\_\_\_\_

Business Address \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

In the event of emergency, and parent/guardian cannot be reached, notify:

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

**Parents** – Please Initial Applicable Statements (1 & 2 required)

\_\_\_\_ I give my permission for a doctor or nurse to treat my child in the event of an emergency. My child suffers from no chronic illnesses.

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\_\_\_\_ I permit Camp Cherokee to use photographs of my child for promotional purposes.

\_\_\_\_ I give permission to my child to participate in camp activities, such as: horseback riding, tubing, swimming, archery, Rockwall climbing, crafts and more!

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**CAMP CHEROKEE**

P O Box 15502, Syracuse NY 13215

315-469-6921; 518-891-3520

[www.nyconf.org](http://www.nyconf.org) | [www.campcherokeeadk.com](http://www.campcherokeeadk.com)