

**CAMP HARDTNER 2010
SUMMER CAMP APPLICATION FORM**

Camper's Name: _____
Last First

Camper email address: _____

Parent(s)/Guardian(s) Names : _____

Parents e-mail address: _____

Address: _____

Home Telephone _____ Work Telephone _____ Cell _____

Age (as of 06/01/10) _____ Date of Birth _____ Grade Entering (2010/2011) _____

Sex: Male ___ Female ___ Camper lives in Diocese of LA ___ Western LA ___ Other ___

Is this your first time at Camp Hardtner? Yes ___ No ___ If not, when? _____

Have other family members attended this camp in the past? Yes ___ No ___

If yes, name/relationship to camper? _____

How did you select our camp? Website ACA Flyer Mailing Other

Camper's Denomination _____

PLEASE ENTER AMOUNT FOR THE CAMP YOU WISH TO ATTEND.

NAME OF SESSION	DATES	FEES	AMOUNT
First Camp	6/4-6	*\$120.00* EACH or \$130.00 EACH	
Senior High Grades 11,12 & graduates	6/9-16	*\$440.00* or \$460.00	
Junior High I Camp Grades 6 & 7	6/19-25	*\$400.00* or \$420.00	
Primary Camp - Grades 4 & 5	6-28/7-3	*\$350.00* or \$370.00	
Junior High II Camp Grades 7 & 8	7/11-17	*\$400.00* or \$420.00	
Middle High Camp Grades 9 & 10	7/20-26	*\$400.00* or \$420.00	
FAMILY CAMP	7/31-8/1	*\$240/\$260 for 2 people *\$280/\$300 for 3 people *\$320/\$340 for 4 or more people	
AMOUNT ENCLOSED			\$

DISCOUNT APPLIES IF PAID IN FULL BY APRIL 1, 2010

Please return this form with your \$100.00 deposit per camp to: Camp Hardtner, 2393 Camp Hardtner Rd., Pollock, LA 71467. *PLEASE MAKE ALL CHECKS PAYABLE TO CAMP HARDTNER.*

Signed: _____ MC/VISA # _____

Exp. Date _____ Amount \$ _____

The person named herein has my permission to engage in all SCHEDULED activities, except as noted by me or the examining physician on this or the camp medical form. In the event of an emergency, I hereby give my permission to the camp physician to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.

I give permission for the above named camper to participate in all activities and allow photographs, videotapes and interviews to be taken during the camping session. I further give permission and consent that any such photographs, videotapes or interviews may be published and used to illustrate, promote and advertise the camp and its camping activities. Yes _____ No _____

Signature of Parent/Guardian: _____

PRIEST OR WARDEN: I approve and endorse this application. (Priest please sign below).

Signature of Priest/Warden: _____ Name of Church _____

City/State _____ Phone: (____) _____

Policy for Rooming Requests: For the older sessions of summer camp, special requests to room with friends **WILL NOT** be granted. For **PRIMARY CAMP AND FIRST CAMP ONLY** rooming requests will be considered, but only in the case of special circumstances or needs.

Explanation of Policy:

1. Part of the reason for attending camp is to make new friends from other places.
2. When several friends are in a cabin together, a group is formed which causes other campers to feel left out and unhappy. Please **DO NOT** request more than two campers to be placed together.
3. Camp Hardtner sometimes receives conflicting requests. Where one set of parents may request that two children room together, the other parents may request that the children be separated. This, of course, puts the camp in a very difficult position.
4. Our counselors and staff will work diligently and lovingly to make sure that all campers, especially those who may be feeling “new” or uncomfortable, are welcomed as members of the family at Camp Hardtner.

Each applicant must complete and sign the attached form along with a registration fee of \$100.00, of which \$25.00 is not refundable. Checks are to be made to Camp Hardtner. A refund of \$75.00 will be made in light of a cancellation at least 10 days prior to camping session.

A physical examination is required for **ALL CAMPERS**. Plan to have **TETANUS** immunizations up to date. Please send the medical form completed by your doctor, the Release Form, and the Parent/Guardian Agreement by mail **TO CAMP PRIOR TO THE START OF THE SESSION!** If you are taking medications, please bring it along with doctors’ notes to turn over to the nurse.

The Camp is protected by accident and sickness insurance which pays the first \$100 of any medical bill incurred. After that, your personal insurance becomes the primary carrier. Our camp insurance will pay for anything your insurance will not pay up to a limit of \$2,500. Conditions determined by the doctor as existing prior to arrival are not covered. The camping fee includes nursing, insurance and simple meds prescribed by the camp doctor.

Bring any medications, bedding, toiletries, insect repellent, towels, bathing suit, walking and running shoes, rain gear, jeans, flashlight, etc. **NO BEEPERS OR CELL PHONES!!!** You may want to bring your camera and a musical instrument.

Choice of sessions should be made according to maturity level of the applicant. If the first choice is full, we will register the applicant in the **APPROPRIATE** session, but only if you specify your second choice. **CAMPERS MAY NOT REGISTER FOR INAPPROPRIATE SESSIONS.** Grades noted above refer to the grade the child will attend in the fall of 2009.

The canteen fee and cost of one (1) T-shirt is included in the tuition. If a camper wants a camp photo it will be an additional \$10 photo fee. Each camp session is limited to 60 boys and 60 girls. Scholarships may be available at your church if needed.

