

Windsor Hills Camp and Retreat Center

29 White Pond Rd, Windsor, NH 03244
(603)478-3363 Email: registrar@whcamp.org

Procedures for Applying for Camp Attendance at Windsor Hills Camp

We are glad that your child is planning to attend Summer Camp at Windsor Hills this year! These guidelines will help you with the process of registering for Kids and Teen Camps at WHC.

To Apply:

1. Schedule your camp physical. A complete, extensive physical is not necessary . . . a camp physical is. Call your doctor early for an appointment **OR**
2. Ask your doctor to provide you with a copy of your child's last physical. Your child's last physical **MUST** be within two years of his/her summer camp's end date.

Kids Camp – Must be after August 12, 2015

Teen Camp – Must be after July 22, 2015

3. **Register Online:** Click on the REGISTER button at windsorhillscamp.org. Create a new account or log into your old one. Fill out all information completely. You make pay by credit card online. A non-refundable deposit of \$50.00 is required to confirm your child's spot.

NOTE: Online Registration is Preferred. However, there is also an option to register by mail.

4. **Register by mail:** Print off the camp registration form and fill out completely. **Mail the form and the non-refundable deposit of \$50.00 to Registrar, Windsor Hills Camp, 5 Saint Laurent St., Nashua, NH 03064.**
5. Once your application is accepted and processed, you will receive a confirmation via email or U.S. Mail (if you registered by mail.) **Please make sure your email address is correct and one you check regularly, as this is how you will receive all your information regarding camp.** If you do not have an email address, please write "No Email" .

Don't forget: To apply you need to:

1. Register online at www.windsorhillscamp.org or mail a completed application to:
WHC - Registrar, 5 Saint Laurent St., Nashua, NH 03064
2. Minimum deposit of \$50 (non-refundable) must accompany registration to confirm a spot for your child. Credit card payments accepted with online registration.
3. Obtain copy of camper's recent physical with doctor's signature and record of immunizations. Mail completed form(s) to Registrar at address above.

Please direct any questions or concerns to the appropriate contact person:

Registration – Fern Woodruff – registrar@whcamp.org

Program & Activities:

Junior High/Senior High – Mat Thomas - Pastor.mat.thomas@gmail.com

Kids Camp – Barbara Calhoun – b_k_Calhoun@hotmail.com

2017 CAMP REGISTRATION FORM

Windsor Hills Camp & Retreat Center, 29 White Pond Rd., Windsor, NH 03244

Check Camp Attending: Teen Camp (July 16-22) - have completed grades 6 - 12
 Kids Camp (August 6-12) have completed grades 2 - 6

Name _____ Male or Female
Last First (Preferred Name)

Address _____
Street/Apt. Town/City State Zip

Phone: Home _____ Cell: _____

Email: _____ Date of birth _____ Grade Fall of '17 _____

Camper Agreement I understand that as a camper, I will be placed under the 24 hour care and supervision of the camp staff and agree to abide by all the rules that are in place. I understand that no smoking, alcoholic beverages, illegal drugs, weapons, radios/tape/CD/MP3 players, or cell phones are allowed and that dress shall be modest as defined by the camp director.

SIGNATURE OF CAMPER: X _____ Date _____

Cabin mate: You may request one or two friends who are **the same age/grade as you. They must also request you.**

1. _____ 2. _____

Church _____ Pastor. _____

Parent(s)/Legal Guardian(s): (Use other side, if necessary) _____

Contact Information (if different than above): Email _____

Street Address: _____

City, State, Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parental permission & release:

I hereby grant permission for my child to participate in all camp activities. I understand that such participation may involve risks not encountered in everyday life. In signing this form, I agree to assume and accept all the risks inherent in camp related activities. I have no knowledge of any physical and/or mental impairment that would be affected by the named camper's participation in the camp program of Windsor Hills Camp & Retreat Center. I grant permission for photos/visual images of my child taken at camp to be used for promotional purposes. By my signature I hereby waive and release Windsor Hills Camp & Retreat Center, New England District Church of the Nazarene, their employees and/or volunteers and their successors and assigns from any and all liability for any injuries, illnesses or losses, incurred while at Windsor Hills Camp and Retreat Center and/or as a result of my child's participation in any activities and/or programs of Windsor Hills Camp & Retreat Center.

In case of emergency, I HEREBY GIVE PERMISSION to the physician selected by Windsor Hills to hospitalize, secure proper treatment for, or to order injections, anesthesia or surgery for applicant. (Every effort will be made to contact parents or legal guardian.) I accept responsibility for payment of all expenses incurred as a result of medical treatment.

SIGNATURE OF PARENT/GUARDIAN: X _____ Date _____

Cost of Camp: \$300;

Register/Postmark by ~~March 15~~ and pay only \$275 - **\$25 discount – Extended to MAY 1.**

Register/Postmark after May 1 - \$300

If registered/mailed within 14 days of start of camp session: pay \$325 and please call to confirm availability.

Amount Enclosed - \$ _____ Or \$50 non-refundable deposit. Registrations without deposit do not qualify for lower rate!.

Please make Checks payable to WINDSOR HILLS.

Mail to: ATTN: Registrar, Windsor Hills Camp, 5 Saint Laurent St., Nashua, NH 03064

Phone: 603-478-3363 Email: registrar@whcamp.org

You can also register online at www.whcamp.org Online registration is preferred.

Teen and Kids Camps are programs of New England District Nazarene Youth International (NYI) and Sunday School & Discipleship Ministries (SDMI), respectively. Requirements for enrollment and participation in programs are the same for everyone without regard to creed, race, color, sex or national origin.

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Camper Name: _____

ADDITIONAL CONTACT INFORMATION:

Parent/Legal Guardian2:

Name _____ Relationship to Camper: _____

Street Address: _____

City, State, Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Release to this person YES NO

Please give two emergency contacts in addition to parent(s)/legal guardian(s)

Name _____ Relationship to Camper: _____

Street Address: _____

City, State, Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Release to this person YES NO

Name _____ Relationship to Camper: _____

Street Address: _____

City, State, Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Release to this person YES NO

ADDITIONAL INFORMATION ABOUT THIS CAMPER

Please tell us anything you would like us to know about this camper: