

2026 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	\$366.00	\$63.00
Ages 4-13	\$306.00	\$49.00
Ages 0-3	FREE	FREE

D. We Plan to Attend:

- ____ Family Camp 1: July 26-August 2
____ Family Camp II/Health Professional: August 2-9
____ We need cabin space
____ We will bring a tent/trailer
(space is limited-hookups available: deduct \$25 from total fee)

# of Adults		x \$366.00	
# of ages 4-13		x \$306.00	
# of ages 0-3		FREE	
** If paying by credit card, a 3% surcharge will be added to the total.		Subtotal	
		Discounts*	
		Total for Picture/DVD	
		TOTAL DUE**	

- **\$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.

____ 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



CAMP CHEROKEE

P O Box 15502, Syracuse NY 13215

315-469-6921; 518-891-3520

www.nyconf.org | www.campcherokeeadk.com