

Join us for
Our 96th Season!



PO Box 829
Brevard, NC 28712
828-884-9125

Place Recent
Photo Here

<input type="checkbox"/> 3 Week June Session	June 10 th to June 29 th	2 nd - 9 th Grades	\$ 3950.00
<input type="checkbox"/> 6 Day Key Blue Session	June 10 th to June 15 th	K - 3 rd Grades	\$ 1250.00
<input type="checkbox"/> 6 Day Key Yellow Session	June 17 th to June 22 nd	K - 3 rd Grades	\$ 1250.00
<input type="checkbox"/> 6 Day Key White Session	June 24 th to June 29 th	K - 3 rd Grades	\$ 1250.00
<input type="checkbox"/> 4 Week July Session	July 1 st to July 27 th	3 rd - 9 th Grades	\$ 4825.00
<input type="checkbox"/> 2 Week Mini I Session	July 1 st to July 13 th	2 nd - 6 th Grades	\$ 2800.00
<input type="checkbox"/> 2 Week Mini II Session	July 15 th to July 27 th	2 nd - 6 th Grades	\$ 2800.00
<input type="checkbox"/> 2 Week August Session	July 29 th to August 10 th	2 nd - 9 th Grades	\$ 2800.00

Camper Information

Full Name _____ Preferred Name _____ Birth Date ____/____/____
Present Grade (2010-2011 school year) _____ Name of School _____
Camper's Home Address _____ Home Phone (____) _____
City _____ State _____ Zip _____
How did you learn about Keystone Camp? _____

Sibling Information

Do any brothers attend a North Carolina camp? _____ If yes, which camp? _____
Would you like information on area boys' camps? _____
Brothers' names with birth dates _____
Sisters' names with birth dates _____

Parent Information

Mother's Name _____ Maiden Name _____ Marital Status _____
 Check if Keystone Alumna Email Address _____
Business Phone (____) _____ Cell Phone (____) _____ Occupation _____
Home Address, if different _____
Father's Name _____ Email Address _____ Marital Status _____
Business Phone (____) _____ Cell Phone (____) _____ Occupation _____
Home Address, if different _____

Non-Custodial Parent Information

Please list information for a non-custodial parent that should receive duplicate information from camp. Non-custodial parental correspondence should be addressed to:
M/M, etc. _____
Address _____
City _____ State _____ Zip _____
Business Phone (____) _____ Cell Phone (____) _____ Email Address _____

RELATIVES WHO ATTENDED KEYSTONE

Name _____ Maiden Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ Relationship to camper _____

Payment Information

- I have enclosed a check.
 I would like to pay by credit card.

Card Number: _____ Exp date: _____ Name on card: _____

Billing Address: _____
Street City State Zip

Please charge my card for the following:

- Deposit only (\$750)
 Full Tuition (includes deposit) (Amount: \$ _____)
 Deposit (charged upon receipt of application) and scheduled payments (to be charged Feb 1 and April 1)

Note: \$200 of the deposit is non-refundable and there will be no refund for cancellations after February 1st.

RELEASE/CONSENT/ACKNOWLEDGMENT/ASSUMPTION OF RISK

By my execution of the application, I acknowledge that I have given Keystone full disclosure of any pre-existing physical or mental defects, challenges or problems, which my camper may have. I further acknowledge that I am aware of the types of activities which my camper will be participating in during her attendance at Keystone Camp on or off the premises of said camp and the inherent dangers related thereto, including swimming, canoeing, hiking, backpacking, camping, rock climbing, horseback riding, gymnastics and athletic events. Keystone Camp cannot be responsible for the consequence of the failure of my camper to obey employees and to abide by the rules and regulations established by the Camp, or from incidences involving a camper's negligence. I agree that any dispute between Keystone Camp, Inc., its owners, directors, employees, volunteers, and me shall be governed by the substantive laws of the State of North Carolina, and that any mediation or suit initiated for me and/or on behalf of my minor child shall occur or be filled in Transylvania County, North Carolina. I also acknowledge that I have been given ample opportunity to ask any question which we may have about the environment in which the child will live and the activities in which she will participate. I also agree to the enrollment terms and regulations outlined in this two-page application.

The camp has a resident nurse. If outside medical services (x-rays, lab tests, etc.) should be needed we understand that we are financially responsible.

I give permission for photographs or video footage of my daughter to be used by the Camp for promotional purposes. I also grant permission for Keystone to use my comments and testimonials in promotional materials.

Either sign A or B below. Lack of required signatures may delay acceptance. Signature of both parents is required.

A

Signature of Mother: _____ Print Name: _____ Date: _____

Signature of Father: _____ Print Name: _____ Date: _____

OR

B

I have the legal authority to sign on behalf of my spouse, and/or the non-custodial parent(s), or guardian(s) of the minor applicant named above. My signature indicates acceptance of the above terms on behalf of all parent(s) and/or guardian(s) and on behalf of the minor child named above.

Signature of Guardian: _____ Print Name: _____ Date: _____

Information From the Camper

I promise to conform to the rules and regulations of Keystone Camp.

Camper's Signature _____ Print Name: _____ Date: _____

Please contact the office if you would be interested in hosting a Keystone Round (Open House) and if you are interested in earning credit make sure to check out our Buddy Tag program that can be found on our website.