

# Summer Camp Application 2022



Please circle one:

Session 1 OR Session 2

Student's Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zipcode \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency contact (if parent/guardian cannot be reached) \_\_\_\_\_

Phone for emergency contact \_\_\_\_\_

Any medical conditions of which we need to be aware \_\_\_\_\_

Visa/MC/Disc # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC# \_\_\_\_\_

Account Holder's Signature \_\_\_\_\_

## Waiver of Liability

Signing below gives permission for the registered student to be photographed for publicity purposes including, but not limited to, media coverage during his/her participation with The Banker's House day camp, and releases The Banker's House from liability and demands for compensation, award or other consideration whatsoever arising from the student appearing in such material. I release The Banker's House, its employees, volunteers and agents from any and all liability, cost/expense associated with any injury or illness my child may sustain while participating in The Banker's House day camp program. In case I cannot be reached in an emergency, I give my permission to The Banker's House to call for Emergency Medical Services (911) and/or to select a physician to secure proper treatment for my child.

Parent or Guardian signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Carolyn Thebankershouse  
@Carolyn-Thebankershouse



Mail to:  
The Banker's House  
P.O. Box 1284  
Shelby, NC 28151

OR

Email to:  
carolyn@thebankershouse.  
org