

Summer Camp Application 2025



Please circle one:

Session 1 OR Session 2

Student's Name _____

Address _____ City/State/Zipcode _____

Parent/Guardian Name _____

Phone (Day) _____ (Evening) _____ (Cell) _____

Email Address _____ T-Shirt Size _____

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 # (or scan) _____ 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: _____



Credit Card
Payments

Carolyn Thebankershous
@Carolyn-Thebankershous



venmo

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

OR

Email to:
carolyn@thebankershous.org