

# Summer Camp Application

Shadow Hill Training Center  
1723 Belford Church Road  
Jackson Springs, NC 27281  
[www.shadowhillshelties.com](http://www.shadowhillshelties.com)  
[shelties@hughes.net](mailto:shelties@hughes.net)  
Phone: 910-974-3647  
Cell: (910) 330-1844

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Guardian's name: \_\_\_\_\_

Guardian's Email: \_\_\_\_\_

Guardian's Work Phone: \_\_\_\_\_

Guardian's Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (M/F): \_\_\_\_\_ Grade Next Fall: \_\_\_\_\_

Breed of dog: \_\_\_\_\_ Name of dog: \_\_\_\_\_

Authorized Person (s) Picking up the camper: \_\_\_\_\_ - \_\_\_\_\_

Emergency contact : \_\_\_\_\_

Cabin Mate Request (Boys & Girls stay separated): \_\_\_\_\_

List of friends you would like us to send a brochure to (Name and Address): \_\_\_\_\_

Main Reason for attending this camp: \_\_\_\_\_

Sessions cost: \$475

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**TO THE PARENTS/ GUARDIANS:**

I HEREBY APPLY for a reservation for my child at Shadow Hill Training Center. Enclosed you will find the required non-refundable deposit of \$125.00 for each session which I understand will be credited to my child's camp fees. I agree to pay the total camp dues and hereby give my approval and consent to the application.

I GIVE MY CONSENT for full participation by the camper on all approved Shadow Hill activities including authorized scheduled trips out of camp. I release Shadow Hill from liability in connection with unavoidable accidents, illness and necessary medical treatments. I understand that Shadow Hill Training Center assumes no responsibility for injuries or illnesses which my child may sustain as a result for his/her physical condition or resulting from his/her participation in these activities. In consideration of the privilege of participating at camp, I hereby release and discharge Shadow Hill, its agents, contract services, councilors and employees from any and all claims of injury, illness, death, loss of damage which my child may suffer as a result of his/her participation in these activities. I hereby give permission to the medical personnel selected by the camp director to order X-Rays, routine test, treatment: to release any record necessary for insurance purposes and to provide necessary related transportation for my child or me. In the event I cannot be reach in case of an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child. I understand that no accident or medical insurance is provided with this activity. I give consent for my child to leave the campsite/training center, participate in authorized trips, and to ride in authorized vehicles for the purpose of transportation in connection with Shadow Hill. It is further agreed that Shadow Hill Training Center assumes no responsibility for the loss of camper's personal property.

I AUTHORIZE Shadow Hill Training Center to have and use the photographs, slides, moving picture, or television video tapes of the person named on the application for its records or public relations program. SPENDING MONEY for your child will be controlled by the child during the camp week.

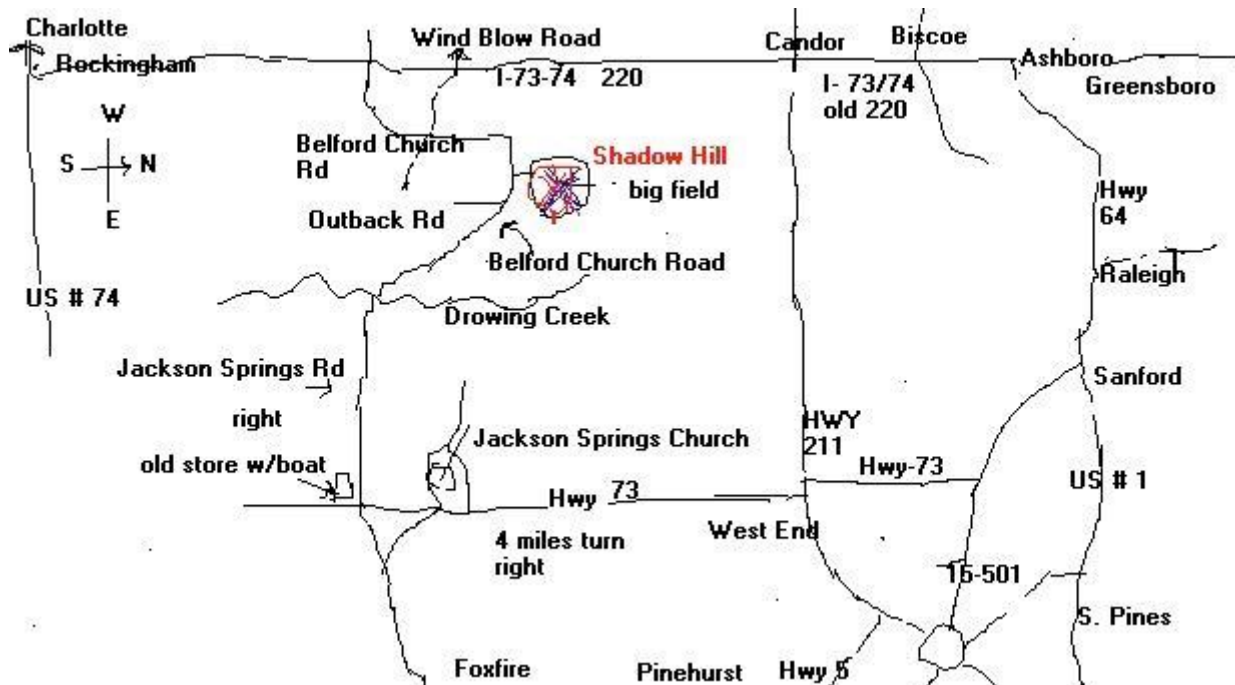
I agree to all the I have read by signing below.

Signature of Parent/Guardian \_\_\_\_\_

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

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## Directions:

From Greensboro: go South of I-73/74 (old 220). When the 4 lanes become 2 lanes, take a left on Wind Blow Road, go 2 miles then take another left onto Belford Church Road, go 2 miles and you will see the property to your left. Watch for a sharp right on this road. Look for a pretty field with a 3 board fence. You will see the agility field.

From Raleigh: Take 64 West to I-73/74 (old 220) go south then follow the directions from Greensboro

From Charlotte/Rockingham: Take 74 East to Rockingham. Go North on I-73/74 (old 220 north), about 20 miles outside of Rockingham watch for Belford Church Road on your right. Turn right, then go about 4 miles until you see the property on your left (you will cross Wind Blow Road). If you miss Belford Church Road, turn right on Wind Blow then follow Greensboro directions. Watch for the sharp right on this road.

Southern Pines/ Pinehurst: Take 211 West from the Hospital area (Pinehurst) to West End. Take a left on State Rd 73 to Jackson Springs after about 4 miles turn right onto Jackson Springs Road (green building here). Go 2 1/2 miles and the property will be on your right. Look for the 3 board fence on the right with agility equipment in the field.

Laurinburg: take 74 West to Rockingham (follow directions from Charlotte/Rockingham)

For more detailed Directions please go to: [www.mapquest.com](http://www.mapquest.com)