

2010 Boys Challenge Registration Form

Check weeks attending:

| | | | |
|------------------|----------------|-------------|-------------------|
| <u>Week</u> | <u>Speaker</u> | <u>Date</u> | <u>Total Cost</u> |
| __Boys Challenge | Rod Sharp | June 6 - 12 | \$300.00 |

Name _____

Address _____

City _____ State _____ Zip _____ Birthdate ____/____/____ Male _____ Female _____

Age as of 9/1 _____ Grade Entering _____

Parent/Guardian Name _____

Home Phone (_____) _____ Father's Work (_____) _____

Mother's Work (_____) _____ Father Cell (_____) _____

Mother Cell (_____) _____

Personal E-mail Address _____

Church Camper Attends _____

Church Phone Number (_____) _____ Church Contact Name _____

Camper Friend Request _____

Notify in case parent or guardian cannot be reached: (Not parent or guardian)

Name _____ Relationship _____

Home Phone (_____) _____ Work (_____) _____

Cell (_____) _____

Medical Insurance Company _____

Insurance Policy Number _____

Pre-Admission Telephone Number _____

If this is your first time to Camp Hope, where did you hear about us:

__Friend __Web __Church

A signed registration form and an \$80.00 deposit per week is required to register for camp. Balance is due at check in. Deposit is non-refundable unless cancellation occurs more than two weeks prior to week for which the camper is registered.

Total Amount Enclosed \$ _____

You can now register online at www.camphopega.org. Full payment will be required for online registration. There will be no provision for credit card payments the day of registration.

Parents must read and sign the back side of this application.

For Your Information

The parent's signature on the registration form gives permission for the camper to attend supervised off camp activities or field trips.

Insurance

All claims for medical services must be submitted to the camper's parent's or guardian's insurance company first. Then any unpaid balance may be paid by the camps limited insurance policy. Parent or guardian will be primarily responsible for routine or emergency medical expenses.

What to Bring

Bible, notebook, flashlight, linens and blanket or sleeping bag, clothes for a full week including at least one pair of jeans, pillow, towels, washcloth, toilet articles, sweater/jacket, swim suit, good pair of tennis shoe or hiking boots (Please do not send new shoes that have not been broken in or you would not want to be soiled), Old tennis shoes or water shoes that can be worn in the water while canoeing. (Sandals or flip-flops do not stay on the feet well enough to be useful in moving water) backpack (a school book bag will be fine) to carry water and a lunch on hikes and extra clothes, water bottle, sun screen, bug repellent, poncho or rain jacket, Optional: musical instrument, fishing tackle. Optional: spending money for camp store and daily canteen

Dress Guidelines

In order to insure that clothing worn by males and females will contribute to the spirit of camp in a positive way by being modest and acceptable, the following information is provided. Remember, what you wear impacts others. **Shorts must be of proper fit and no shorter than longest finger when hanging at your side.** Males should not wear ripped out shirts. **This applies to all activities at Camp Hope.**

Camp Telephone

Camp has one telephone used for business purposes only. It is not available for general use. PLEASE DO NOT CALL YOUR CAMPER OR ASK THEM TO CALL HOME, except in the case of an emergency

Cabin Assignments

Cabins are assigned by age and made by the Camp Director. Cabin assignment with one friend will be considered if campers are in the same age group. This request must be made on the registration form by both campers for each other.

Late arrival must be pre-approved by the Camp Director.

June 6 - 12, 2010
6th - 10th Grade
\$300.00 (includes t-shirt & High Ropes activity)

Check In: Sunday 3:00-5:00 pm

Pickup: Saturday 10:00 am

Bruce Stewart

336.222.8259; bdstew@juno.com

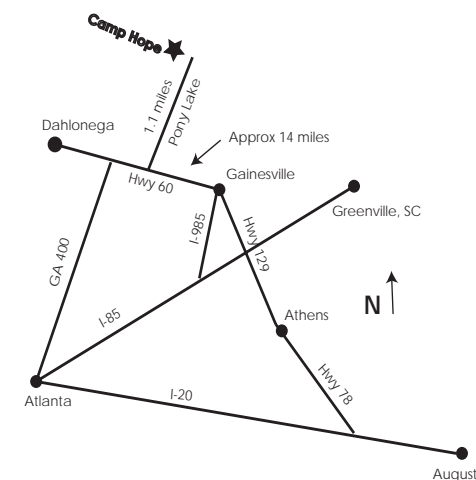
Chip Perkins

678.393.9528; epperkinsjr@hotmail.com

To apply complete both sides of registration form and mail to:

Attn: Camp Registration
% Steve or Teresa Roys
7011 Pony Lake Road
Dahlonega, GA 30533

If an e-mail *or* postal card acknowledgment is not received within 14 days call registrar at the Camp Hope number.



Camp Hope
7011 Pony Lake Rd
Dahlonega, GA 30533
770-536-4787

camphopega@arilion.com
www.camphopega.org

Non Profit Org
 U S Postage
 PAID
 Gainesville, GA
 Permit 125



Boys Challenge

June 6-12, 2010



Christian Youth Camp, Inc.
 Camp Hope
 7011 Pony Lake Rd
 Dahlonega, GA 30533
 770-536-4787

Health and General Information (to be completed by the parent or guardian, if under 18)

Camper Name _____

Note: Each camper must be immunized against the following:

Polio, Measles, Mumps, Rubella, Diphtheria, Whooping Cough, Tetanus. Last tetanus vaccine ____/____/____

Circle if camper has any of the following:

Seizures Asthma Ear Trouble Heart Trouble Bleeding Disorder Hay Fever Diabetes

Does camper have allergic tendencies? (I.e. Bee Sting, Penicillin, Poison Ivy, Food, etc.)

Has camper been under medical care within the past 3 months? _____

If so, for what? _____

Date of last health exam? ____/____/____

Does camper have trouble with Enuresis? (Bed-wetting) **Circle One** Yes No If yes, send sheets, not sleeping bag.

Does camper have any medical or physical disorders that will be a handicap in camper activities?

Is there any other information which you feel we should have about this camper?

I understand a brief health screening will be conducted prior to registration.

Parent/Guardian Consents and Releases

1. Conduct Code: Camper conduct should adhere to sound moral principles & all camp rules and policies. The presence, use, or display of tobacco, alcoholic beverages, drugs, improper clothing or expressions of profanity or vulgarity will not be permitted. Any camper who violates camp rules, is disruptive or is not cooperative with the camp program or others in attendance is subject to dismissal and forfeiture of fees.
2. General and Emergency Medical Authorizations: I hereby give permission to the first aid personnel selected by camp personnel to determine and provide standard first aid care and administer over the counter medications and medications sent for camper and, in case of emergency, to determine and select outside medical personnel and facilities, and I grant permission to such to order x-ray, make routine test, hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for this camper.
3. Camper has my permission to attend Camp Hope and engage in all activities except as noted.
4. I accept full responsibility for any damages my camper may cause.
5. Clothing & other personal articles are the responsibility of the campers. No liability is assumed for personal articles left on premises. Lost & found will be donated to a worthy organization two weeks after the closing of each week of camp. For information on Lost & Found, contact **Austin Meadows at 678.316.9536**.
6. No cell phones, radios, CD/tape players, TV's, skateboards. These items will be collected to minimize distraction from the spiritual goals of camp and returned at the end of camp.

I have read the content in the attached Camp Hope brochure and camper is knowledgeable of the content and conduct code. The information recorded on the application form is accurate and complete.

Signature of Parent/Guardian X _____