

2012 Registration Form

Check weeks attending:

<u>Week</u>	<u>Speaker</u>	<u>Date</u>	<u>Total Cost</u>
<input type="checkbox"/> Home School	Nate Thomas Ken Miller	May 21-26	\$185.00
<input type="checkbox"/> Junior 1	Rod Sharp	June 10-16	\$230.00
<input type="checkbox"/> Junior 2	Joe Hawkinson	June 17-23	\$230.00
<input type="checkbox"/> Junior 3	Jeff Rickert	June 24-30	\$230.00
<input type="checkbox"/> Teen 1	John Reeves	July 1-8	\$255.00
<input type="checkbox"/> Teen 2	Nathan Bramsen	July 8-15	\$255.00
<input type="checkbox"/> Girls Camp	TBA	July 15-21	\$230.00

Name _____

Address _____

City _____ State _____ Zip _____ Male Female

Birth Date ____/____/____ Age as of 9/1 _____ Grade Entering _____

Parent/Guardian Name _____

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

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

Mother's Cell (_____) _____

Personal E-mail Address _____

Church Camper Attends _____

Camper Friend Request

Maximum two friends no more than one year apart. All must request each other. There is no guarantee for requests.

1. _____ 2. _____

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 \$ _____

Health and General Information

(to be completed by the parent or guardian, if under 18)

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.

Name _____
Last _____
First _____
Week _____
Date of Destruction _____

Camp Use Only

Diet

Camp Hope kitchen staff prepares a variety of meals composed of the four food groups. We will try to work with any needed camper diet but cannot cater to individual preferences. Those with specific diets will need to bring any needed food requirements with them to camp. Food items will need to be labeled with the camper name and date.

Please check the appropriate box:

- Camper eats a regular diet
- Camper is a vegetarian.
- Camper is lactose intolerant. Please bring product such as Lactaid.
- Camper needs a gluten free diet. Please bring appropriate food items.

Parent/Guardian Authorizations, Consents and Releases

Conduct Code: While at Camp Hope each camper is responsible to adhere at all times with sound moral principles and all rules and policies of Christian Youth Camp, Inc. (“**Camp Hope**”). The presence, use, or display of tobacco, alcoholic beverages, drugs, improper clothing or expressions of profanity or vulgarity will not be permitted. 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. 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.

Photos: Camp Hope reserves the right to use any photographs taken at camp in its promotional programs. This includes photos of all campers, staff, and visitors.

General and Emergency Medical Authorizations: The undersigned, the parent or legal guardian of the child identified herein, hereby authorize, consent and direct first aid personnel selected by Camp Hope (“**CH Representatives**”) to render reasonable first aid care, including administration of over the counter medication, deemed advisable by such CH Representative and to administer medications provided by the undersigned for my child. In the event any injury or illness is life threatening or in need of emergency treatment, I authorize the CH Representatives to summon any and all professional emergency personnel to attend, transport, and treat my child and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any physician, surgeon, dentist, hospital, or other medical professional or institution selected by, the CH Representative. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the CH Representative in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Damages: I accept full responsibility for and agree to pay any damages my camper may cause.

Clothing & Personal Articles: Clothing & other personal articles are the responsibility of the campers. No liability is assumed for personal articles left 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.

Activities Authorization: I wish to consent for my minor child, to participate in all activities while at Camp Hope, including, without limitation, the zip line installed at Camp Hope.

Release: In consideration of Camp Hope allowing my minor child to participate in such activities, the undersigned, for myself, other family members, my minor child, and our respective heirs, estates, assigns, executors, successors, assigns or legal representatives (each a “Releasing Party”) do hereby irrevocably waive, release, waive and discharge any and all past, present or future claims, demands, and causes of action, including, without limitation, all costs and attorney fees, which the any Releasing Party now has or may in the future have against Christian Youth Camp, Inc., its members, representatives, officers, agents, employees, volunteers and each of them (each a “Released Party”, and sometimes collectively, the “Released Parties”), for any and all past, present or future loss of or damage to property, and/or bodily injury, including death, however caused, resulting from, or arising out of or in any way connected with participation in such activities, including, without limitation, use of the zip line installed at Camp Hope, in each case, whether foreseeable or unforeseeable, and specifically including any such claims which may result from the negligent or other acts or omissions of other participants or any Released Party.

Hold Harmless/Indemnity: The undersigned, on behalf of each Releasing Party, covenants not to cause any action at law or in equity to be brought or permit such to be brought in his or her behalf, either directly or indirectly, on account of loss or damage to property and/or bodily injury, including death, against any Released Party however caused, resulting from, arising out of or in any way connected with participation in such activities and each Releasing Party agrees at their the sole expense, to indemnify and hold each Released Party harmless from any costs, expenses, including, without limitation, all costs and attorney fees, claims, demands, and causes of action which now or in the future may be asserted against any Released Party arising out of or by reason of participation by such minor child in any activities undertaken while attending Camp Hope, including any injury, loss or damage that might occur at any place in connection therewith.

Assumption of Risk: The undersigned, on behalf of each Releasing Party, represents and warrants that he or she (i) is aware of the fact that participation in such activities, even under the safest conditions possible, may be hazardous; that he or she, on behalf of such minor child and each other Releasing Party, assumes the risks of any and all loss of or damage to property and/or bodily injury, including death, however caused, resulting from, arising out of or in any way connected with such minor child’s participation in any such activities, including use of the zip line, (ii) is of legal age, is the parent of and/or legal representative for, the minor child and is competent, and authorized, execute this Agreement on behalf of himself, herself the minor child and each other Releasing Party; and (iii) has read and understands all of the provisions herein contained and acknowledges that by executing this Agreement CERTAIN LEGAL RIGHTS OF SUCH PERSON, THE MINOR CHILD AND EACH OTHER RELEASING PARTY ARE BEING IRREVOCABLY WAIVED, INCLUDING THE RIGHT TO SUE THE RELEASED PARTIES.

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. The undersigned acknowledges that he/she is the parent or legal guardian of the child identified above and has the legal authority to grant the authorizations, consents and releases above.

Signature of Parent/Guardian _____ Date: _____
(if under 18 years of age)

Signature of Camper _____ Date: _____