**Camper Registration Form**

IN ORDER FOR REGISTRATION FORMS TO BE PROCESSED, ALL SECTIONS MUST BE COMPLETED.

Primary CONTACT: LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary CONTACT: LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to the Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper: LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **CODE OF CONDUCT**

The safety of each individual in the program is of the utmost importance to CHH. Each registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by CHH staff. I hereby agree that any behavior of the registrant that places him/herself or others at risk may result in the registrant’s immediate dismissal from the program. Further, if dismissed from the program. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the registrant at his/her request before the end of a program session. In order to ensure the safety and well-being of all individuals participating in the program, CHH reserves the right to alter the program at any time without notice or compensation to the Registrant.

I have read and understand the Code of Conduct.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Camper Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any court orders or custody restrictions which would prevent us from communicating with either parent/guardian? □ Yes □ No If yes, we will contact you for additional information.

HEALTH HISTORY AND PERSONAL INFORMATION

Is the participant under any form of treatment for an illness, condition or injury? □ Yes □ No If yes, please explain what they are being treated for:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Does your child have any medical or behavioral conditions that we should be aware of? □ Yes □ No

If yes, please take a moment to explain:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carries Epi-pen: □ Yes □ No

For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wears Medical Alert: □ Yes □ No

For:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies:

 Seasonal □ Yes □ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insect □ Yes □ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drugs □ Yes □ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other □ Yes □ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food □ Yes □ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child is on Medications, please list all meds including those for allergies or as needed or any

over the counter medication:

Medication List:

|  |  |  |  |
| --- | --- | --- | --- |
| Medication | Dose | Times Taken | Reason |
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Please pack all medication in original labeled containers (prescription or nonprescription)

Please note we have standing orders from a local provider for Over the counter medications if child requests or has injury do you consent to these treatments for your child? □ Yes □ No

Please note by checking the box you give consent to medications to be given to your child below:

|  |  |  |  |
| --- | --- | --- | --- |
| Tyenol |  | Benadryl |  |
| Ibuprofen |  | Tums |  |
| Triple antibiotic cream |  | Pepo |  |
| Burn Cream |  | Mylanta |  |
| Aloe Vera |  | Imodium |  |
| Oar-Gel |  | Icy Hot |  |
| Hydrocortisone cream |  | Sun block |  |
| Calamine itch cream  |  | Cough drops |  |

ALTERNATE/EMERGENCY PICK UP This is a person over the age of 16 who is authorized to pick up your child and can be contacted by CHH Staff:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONFIRMATION, PAYMENT, CANCELLATIONS AND REFUNDS

Requests for cancellations or refunds must be made in writing and submitted to Amy Ferrell at CHH. Cancellation requests received @ amy.ferrell@hopehill.org. Cancellation requests received with less than 14 days’ notice are subject to an administration fee of 50% of the total fee. Cancellation requests that are received after 12 pm one week before the program session starts will not qualify for a refund.

 I have read and understand the Cancellation and Refund Statement.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYMENT METHOD: Cash: □: Check: □: Other: □

Total Fees Due: $275.00 per week

Camp Sessions: Please choose session(s) you want your child to attend, please pick 2 weeks and 1st and 2nd choice if one week is full.

May 29-June 2 July 10-14 First Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 June 5-9 July 17-21 Second Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 June 12-16 July 24-28

 June 26-30 July 30-Aug 4th

\*\*Please note there will not be camp during the week of July 4th.

Camp PHOTO AND VIDEO CONSENT, ASSIGNMENT AND RELEASE FORM PURPOSES: For marketing, advertising, promotional and/or communication purposes, CHH may, from time to time, take photographs and/or video recordings of CHH based activities or events that include real people, which may be used by CHH for marketing and promotions.

By signing this Form, you are consenting to the taking of photographs and/or video recordings of your child by CHH for the Purposes above stated For valuable consideration received but without any promise of remuneration, I hereby agree to allow photographs and/or video recordings to be taken of me, whether posed or candid, while I am on CHH property and/or participating in CHH activities or events, to be reproduced, published, displayed, broadcast, transmitted, licensed, sublicensed or otherwise used by CHH including without limitation on CHH internet web sites, in CHH printed materials,

By signing my name, I (and my legal guardian, where applicable) acknowledge that I (or we) have carefully read and understand this Form.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* MEDICAL EMERGENCIES In the event of an accident, injury or illness involving the registrant, and an immediate contact with a designated contact cannot be made, I hereby authorize and grant permission to CHH staff to secure proper medical treatment and authorize on the registrant’s behalf all procedures, including, without limitation, tele health visit, medications, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, as deemed necessary by the attending medical professional(s).
* Camp Hope Hill does not discriminate on the basis of race, color, sex, handicap, religion or national origin. Camp Hope Hill reserves the right at its sole discretion to refuse an application or dismiss a child from camp or during initial reservation process/illness/or disciplinary action.
* I agree not to hold CHH responsible for any costs or injury arising out of an emergency/injury situation that may arise while attending CHH. I release CHH and all it employees, volunteers and board members from any liability. I agree to the REGISTRATION AGREEMENT by signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the Medical Emergencies Statement.

I on behalf of the child agree to the statements within this registrations form:

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Camper name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please send copy of valid Medical insurance card with application

Size of child’s t-shirt- Small\_\_\_\_Med\_\_\_LG\_\_\_XL\_\_\_\_\_XXL\_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_

FOR OFFICE USE ONLY

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

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

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Initials: \_\_\_\_\_\_\_\_\_\_ Receipt \_\_\_\_\_\_\_\_\_\_\_\_Sent by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_Sessions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This is your copy please do not return with application**

 **Dress Code for Staff/ Campers**

* General Requirements in keeping with the Christian atmosphere at camp, ALL CLOTHING SHOULD BE MODEST & SHOULD NOT INCLUDE ANY MESSAGES THAT WOULD BE CONSIDERED inappropriate. Things such as belly shirts, short shorts (shorts should be fingertip length), very low-rise jeans/pants for females (meaning bare midriff) athletic undershirts (“beaters”) and /or extremely baggy pants on males (meaning pants that are meant to fall off from the waist) are not permitted. Sleeveless shirts are to have straps at minimum of 2 fingers wide. In most cases a t-shirt on top of the clothing will make the “outfit” acceptably modest.
* General Footwear Requirements All campers should bring at least 2 pairs of comfortable shoes to camp. Preferred footwear shall be closed toed & laced shoes. Closed toe outdoor hiking sandals are acceptable. Sturdy outdoor sandals or strapped style footwear shall be permitted in casual or less strenuous activities. Flip flops or slides are only permitted in lodging areas, showers, & pool areas.
* No dangle earrings are permitted or loose jewelry

IF dress code is not followed your child may be asking to change clothing.

**What to Bring to Camp:**

Medications

Back pack or string bag

Change of clothe with under garments and socks

Swim suit/ swim trunks

Towel

Baseball Cap /Visor

A pair of dry shoes

**Do NOT bring any form of electric device including earbuds**

No Firearms, fireworks, Alcohol, drugs knife or Tobacco products (These are immediate suspend ion from CHH)

No food, drinks or snacks magazines No books or toys unless given permission by director.