

**Heavenly Hills Christian Camp**  
P.O. Box 1628  
Twain Harte, CA 95383

## 2010 SUMMER CAMP REGISTRATION

Please Print

Fill out **BOTH** sides of this form and sign.  
**INCOMPLETE FORMS WILL BE RETURNED.**  
Each child must have a separate form.

**All registrations must include a minimum \$40 nonrefundable, nontransferable deposit.**

April 30<sup>th</sup> -- Postmark date for Early Bird Registrations. Total fee: \$279 (Beginners Camp \$140)

May 17<sup>th</sup> -- Postmark date for Regular Registrations. Total fee: \$299 (Beginners Camp \$150)

After May 17<sup>th</sup> -- Total fee: \$319 (Beginners Camp \$160)

**MAIL REGISTRATION AND DEPOSIT BY MAY 17<sup>TH</sup> TO RECEIVE A FREE T-SHIRT!**

Check t-shirt size:  Child S  Child M  Child L  
 Adult S  Adult M  Adult L  Adult XL  Adult XXL  Adult XXXL

### CHECK THE WEEK OF CAMP

**Beginners & Juniors may be enrolled either by grade in Fall '10 or age at time of camp.**

**Campers must register for appropriate camp and register for only one week.**

- Jr. High & High School (including '10 graduates) – June 13<sup>th</sup>-19<sup>th</sup>
- Beginners (entering 2<sup>nd</sup> & 3<sup>rd</sup>, or ages 7 & 8 at camp time) – June 20<sup>th</sup>-23<sup>rd</sup>
- Juniors (entering 4<sup>th</sup>, 5<sup>th</sup>, or 6<sup>th</sup>, or ages 9-11 at camp time) – June 27<sup>th</sup>-July 3<sup>rd</sup>

Check-in begins at 4:00 p.m. Sunday and camp ends at 11:00 a.m. on Saturday (11:00 on Wednesday for Beginners). Campers must be picked up on time. A late pickup fee of \$10 per hour (and/or fraction thereof for any partial hour) per child will be charged.

### FOR OFFICE USE ONLY

Date Postmarked: \_\_\_\_\_ Registration Completed:  Yes  No

Payments Received

Deposit: Check No: \_\_\_\_\_ \$ \_\_\_\_\_ Balance Due: \_\_\_\_\_

Family and Friend Discounts: \$ \_\_\_\_\_ Balance Due: \_\_\_\_\_

Payment: Check No. \_\_\_\_\_ \$ \_\_\_\_\_ Balance Due: \_\_\_\_\_

Select the payment plan you will use:

- Full amount with the registration form
- Deposit with registration form; balance due at beginning of camp
- Installments made at parents' convenience; balance due at beginning of camp

**FAMILY AND FRIEND DISCOUNTS (attach separate sheet with information)**

*Family Discount:* Camper 1 is full price; camper 2 gets \$25 off; camper 3 gets \$35 off; camper 4 gets \$45 off. Given in order of camp attendance.

*Friend Discount:* Bring a friend who has never attended a camp at Heavenly Hills and you receive \$20 off. No limit on number of friends.

### Camper's Information

Camper's Name \_\_\_\_\_  Male  Female  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_  
Camper's E-mail (optional) \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade entering in Fall 2010 \_\_\_\_  
Camper lives with:  both parents  mother  father  legal guardian  
Church Name \_\_\_\_\_ City \_\_\_\_\_  
Pastor's Name \_\_\_\_\_  
Has camper been immersed?  Yes  No

### Parent/Guardian Information

Parents/Guardians Names \_\_\_\_\_  
E-mail (optional) \_\_\_\_\_  
Mother's Work Phone (\_\_\_\_) \_\_\_\_\_  
Mother's Cell Phone (\_\_\_\_) \_\_\_\_\_  
Father's Work Phone (\_\_\_\_) \_\_\_\_\_  
Father's Cell Phone (\_\_\_\_) \_\_\_\_\_  
  
Emergency Contact if parents/guardians cannot be reached:  
Name \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

***Camper must be signed out by the person responsible for his/her transportation home. Please list the name(s) of authorized individual(s) and their relationship to the camper. You may state "any driver from (name of church)." Camp Office must be notified of any changes. Camper will be released only to an authorized individual.***

\_\_\_\_\_

\_\_\_\_\_

Comments \_\_\_\_\_

**CONTINUED ON OTHER SIDE**

## HEALTH HISTORY, RELEASES, AND AGREEMENTS

### INSURANCE AND PHYSICIAN INFORMATION

Heavenly Hills' insurance is secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is in camp.

Do you have Health Insurance?  Yes  No

Name of Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_

Billing Address \_\_\_\_\_

Camper's Physician \_\_\_\_\_

Physician's Phone \_\_\_\_\_

### HEALTH HISTORY

Penicillin/Medication Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Asthma (Explain condition) \_\_\_\_\_

Hay Fever

Bee Stings/Insect Bites \_\_\_\_\_

Other Allergies \_\_\_\_\_

Diabetes \_\_\_\_\_

Heart Condition

Seizure Disorder

Behavior/Nervous Disorder \_\_\_\_\_

Other Health Condition we should be aware of \_\_\_\_\_

Is your child able to participate in normal physical activities:  Yes  No

If "no," explain \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Does your child take daily medications?  No  Yes

If "yes," list medications: \_\_\_\_\_

All prescriptions must be in the original container showing doctor's instructions. Any OTC medications must also be in the original container. Medications must be checked in with the nurse during registration.

Other health information: \_\_\_\_\_

\_\_\_\_\_

### RELEASES AND AGREEMENTS

**Medical Release:** The health history is correct so far as I know, and my child has permission to engage in all prescribed camp activities except as noted. In case of emergency, if I cannot be contacted, I hereby give permission to the physician selected by Heavenly Hills, to hospitalize, secure proper treatment for and to order injection, anesthesia, x-rays, routine tests, treatment, transporting of child, surgery and to release reports necessary for insurance purposes for my child. It is understood that every effort will be made to contact me.

**Liability Release:** I release Heavenly Hills Christian Camp, including its trustees, employees and agents from my child's physical injury, including death, or illness while at camp, including any Heavenly Hills' sponsored travel to and from camp. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

**Off Camp Release:** My child has permission to be transported for medical care or to participate in programs conducted off the Heavenly Hills grounds. It is understood that off ground programs are supervised by qualified camp staff.

**Publicity Release:** I hereby grant permission to Heavenly Hills to photograph my child during camp activities and to use the photographs in Heavenly Hills' audio-visual and printed materials without compensation or approval rights.

I willingly agree to pay for any and all damage to camp facilities, property and personal property or belongings of any Heavenly Hills camper and staff member caused by my child negligently, willfully, or otherwise.

If my child willfully disobeys camp rules and policies, or becomes a discipline problem in any way, the director has the authority to send him/her home. It is my responsibility to immediately arrange for transportation. While waiting for transportation, my child will be kept separated from other campers. If a camper is sent home under these conditions, no part of the camp fee will be refunded.

I have read and understand the Releases and Agreements.

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

Date \_\_\_\_\_