

# Winterfest 2012 HIGH VOLTAGE

**January 14-16, 2012**

Pre-register by January 6<sup>th</sup>

**Check in Saturday 11:00am**

**Lunch at noon**

*Parents and drivers are encouraged  
to stay for a free lunch.*

**Program starts at 1:30**

**Camp ends Monday at 10:00am**

**REGISTRATION FEE: \$75.00**

*\*Registration form with a \$20  
nonrefundable, nontransferable deposit  
must be postmarked by January 6<sup>th</sup>.*

***Balance due at check-in.***

**LATE REGISTRATION FEE: \$85.00**

**What to Bring:**

- |                |                |
|----------------|----------------|
| Bible          | Bedding        |
| Notebook       | Personal Items |
| Spending Money | Extra Clothes  |
| An open heart  | GREAT Attitude |

We want to glorify God in all that we say, do, and wear.  
Please be modest in the clothing that you bring to camp.

**Once again, we plan on SNOW PLAY!**

Bring appropriate outerwear



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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) Male ( ) Female Grade in School: \_\_\_\_\_

Church \_\_\_\_\_ Church City \_\_\_\_\_

Parents/Guardian of Camper \_\_\_\_\_ Contact Phone \_\_\_\_\_

( ) cell ( ) home

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

Address

City

State

Zip

E-mail address: \_\_\_\_\_ Other Contact # \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**CAMPERS ARE RESPONSIBLE FOR THEIR OWN MEDICAL COVERAGE**

**HEALTH INFORMATION**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Ins. Billing Address: \_\_\_\_\_

Does camper have any known allergies to food, medications, insect bites, or other allergens? \_\_\_\_\_

Is camper currently taking any medications? \_\_\_\_\_ List medications: \_\_\_\_\_

**Medications must be in original container with instructions**

**AGREEMENT**

I, the Parent/Legal Guardian of \_\_\_\_\_ do hereby authorize Heavenly Hills Christian Camp as agents for the above minor child to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by any physician and surgeon licensed under the provisions of the Medical Practice Act. My child has permission to be transported for medical care or to participate in programs conducted off the campgrounds.

Furthermore, I do hereby agree to release, indemnify and hold forever harmless Heavenly Hills Christian Camp or their assigns against loss from any and all claims, demands or actions in law or in equity that may hereafter be made or brought by said minor child or by anyone on behalf of said minor child for the purpose of enforcing a claim for damages on account of any fatality and or injury incurred in consequence of an accident that may be sustained by said minor child during the above mentioned activity.

If the above minor 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 the responsibility of the parent or legal guardian to immediately arrange for transportation.

Photographs and/or videos may be taken of campers. Heavenly Hills staff or their assigns may use some of these photos in promotional materials and/or post them on the camp's web site. The camp has my permission to use any photos that include my child.

I have read and understood these agreements.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date