

# HEAVENLY HILLS CHRISTIAN CAMP 2011 SUMMER CAMP REGISTRATION

Please PRINT, fill out completely and legibly, and use a blue or black pen.  
Mail to: Heavenly Hills Christian Camp Attn: Camp Registration  
PO BOX 1625, Twain Harte, CA 95383

## CAMP ATTENDING

**Campers are registered by grade in Fall 2011**

- JR/SR High (including '11 graduates) – June 19<sup>th</sup> – 25<sup>th</sup>
- Beginners (entering 2<sup>nd</sup> & 3<sup>rd</sup>, grade) – July 13<sup>th</sup> – 16<sup>th</sup>
- Junior Camp (entering 4<sup>th</sup>, 5<sup>th</sup>, or 6<sup>th</sup> grade) – July 10<sup>th</sup> – 16<sup>th</sup>

## CAMP FEES

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

	Before May 20 <sup>th</sup>	After May 20 <sup>th</sup>
Beginner	\$140	\$160
Junior	\$279	\$299
Jr/Sr High	\$279	\$299

### FAMILY AND FRIEND DISCOUNTS

Family Discount: Camper 1 is full price; camper 2 gets \$25 off; camper 3 gets \$35 off; camper 4 gets \$45 off

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.

Camp fees due (see box to left)	\$ _____
+ (Add) Mission/Canteen Cards (\$5 increments)	\$ _____
- (Subtract) Family Discount Please mail all family forms together	\$ _____
- (Subtract) Friend Discount (list names on right)	\$ _____
- (Subtract) Amount Enclosed NOW (Must be at least \$40)	\$ _____
<b>(Equals) Balance remaining</b>	<b>\$ _____</b>

The following friends will be registering for camp for the first time:

**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

## Camper information...

First Name \_\_\_\_\_ Middle initial \_\_\_\_ Last Name \_\_\_\_\_

Boy    Girl   Home Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_   Grade fall 2011 \_\_\_\_   Age \_\_\_\_\_

Has the camper been baptized by immersion?    Yes    No

Member of/Attends what church? \_\_\_\_\_

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

Name of preferred cabin mate **(ONE ONLY)** \_\_\_\_\_

## Information on who the camper RESIDES with:

**Mothers/Female's** First and Last Name \_\_\_\_\_

Relationship to camper:  Mother    Grandmother    Stepmother    Legal Guardian    other \_\_\_\_\_

Emergency phone number (s) \_\_\_\_\_

**Father's/Male's** First and Last Name \_\_\_\_\_

Relationship to camper:  Father    Grandfather    Stepfather    Legal Guardian    other \_\_\_\_\_

Emergency phone number (s) \_\_\_\_\_

BIRTH Parents are:  Married    Divorced    Separated    Single    Widowed

Additional alternate emergency contact \_\_\_\_\_

Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

Email address for a parent/guardian. Email belongs to \_\_\_\_\_

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**If an e--mail address is provided, your confirmation will be e--mailed. If you wish to have your confirmation sent by postal mail, PLEASE CHECK HERE**

**PLEASE COMPLETE OTHER SIDE**

The following information must be filled out COMPLETELY and signed by a parent. Please complete ALL SECTIONS.

Health Record for: \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_

**Medications:** Please list all medications (Prescription/Over-The-Counter/Herbs) ALL meds must be given to the Health Supervisor. You MUST keep medication in the original packaging/bottle that identifies the prescribing physician (if prescription), name of medicine, dosage, & frequency or it will not be accepted.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for taking \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for taking \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for taking \_\_\_\_\_

See Attached

**Health Center Medications:** These medications are stocked at HHCC. Please indicate your permission to administer these over-the-counter medications, or if you wish to be notified first. (Some meds are listed as common brand names, though generic may be substituted.)

Acetaminophen	Yes ___	No ___	Call First ___
Benadryl	Yes ___	No ___	Call First ___
Expectorant	Yes ___	No ___	Call First ___
Hydrocortisone	Yes ___	No ___	Call First ___
Ibuprofen	Yes ___	No ___	Call First ___
Immodium	Yes ___	No ___	Call First ___
Milk of Magnesia	Yes ___	No ___	Call First ___
Neosporin	Yes ___	No ___	Call First ___
Robitussen	Yes ___	No ___	Call First ___
Throat Lozenges	Yes ___	No ___	Call First ___
Tums	Yes ___	No ___	Call First ___

**PLEASE NOTE if camper has any of the following:**

- Convulsive Disorder  Chronic/Recurring Illness  Frequent Ear Aches  
 Recent Illness or Injury  Contagious Disease (s)  ADD/ADHD  Asthma  
 Hay Fever  Heart Condition  Diabetes  
 Other Health Conditions we should be aware of \_\_\_\_\_

**Allergies:** Please list any food, medication, and insect, etc. allergies & describe reaction & management of reaction:

Allergy: \_\_\_\_\_ Reaction/Management: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction/Management: \_\_\_\_\_

See Attached

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.

NAME OF INSURANCE COMPANY \_\_\_\_\_

Policy Number \_\_\_\_\_ Ins. Billing Address \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Is camper able to participate in normal physical activities?  Yes  No

If no, list restrictions \_\_\_\_\_

## 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 recognize that this is a Christian camp, that the Bible will be studied, and that camper conduct is expected to be in line with Christian values. I understand that the camper is expected to attend all sessions and activities.

I have read and understand the Releases and Agreements.

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

Printed Name of Parent/Guardian \_\_\_\_\_