



# SUMMER CAMP REGISTRATION 2017



### Personal Information

Camper Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Camper Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Circle One: **Boy** **Girl** Grade Entering Fall 2017 \_\_\_\_\_

T-Shirt Size (Circle) **Child** S M L **Adult** S M L XL XXL  
*(Free T-shirt - sizes are final)*

Tetanus shot date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

**Emergency Contact #1 (NOT A Parent/Guardian) An attempt will be made to contact parents first.**

Name \_\_\_\_\_

Phone Number(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact #2 (NOT A Parent/Guardian)**

Name \_\_\_\_\_

Phone Number(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Siblings

Number of Siblings Attending Camp \_\_\_\_\_

Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Camp Registration

Camp Attending \_\_\_\_\_

*(Be specific! Ex: Junior Residential, WIT1)*

Cost of Camp \$ \_\_\_\_\_

Date of Camp Attending \_\_\_\_\_ - \_\_\_\_\_

*(Ex: 6/8-6/13)*

### Bunkmate Request

Limit of 2 bunkmate requests. Name of requested bunkmate must exactly match how the requested bunkmate registered and both **campers must be in the same camp.** Junior and Junior High are two different camps, so campers would not be placed together. *(Ex: Sue Miller will not match with Susan Miller)*

1. \_\_\_\_\_

2. \_\_\_\_\_

### Payment Information

Payment enclosed \$ \_\_\_\_\_

*(\$85.00 non-refundable minimum deposit required)*

Check # \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. \_\_\_\_/\_\_\_\_ CVS 3-digit # \_\_\_\_\_

*(Located on back of card)*

Please circle one:  Visa  Mastercard  Discover

Amount to charge \$ \_\_\_\_\_

*(\$85.00 non-refundable minimum deposit required)*

Signature \_\_\_\_\_

**Church Voucher** (check one):

- Enclosed
- Will Send or Bring
- N/A

*(Voucher must be received at or before check-in! Parent/guardian will be expected to pay any remaining balance at check-in.)*

Home Church and City \_\_\_\_\_

**Early Bird Discount: Hidden Acres will credit your account for \$20, if registration is received in our office by March 31st.**

**For more summer camp info or to register online, go to [www.hacamps.org](http://www.hacamps.org)**



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# Hidden Acres Summer Camp Registration 2017

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Camper Name \_\_\_\_\_

## Medical Information

Insurance Company \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy # or SSN \_\_\_\_\_

Please attach a copy of your insurance card

Check box if you feel your child requires an extra counselor in their cabin (not guaranteed) and explain why in the Special Needs section below.

May over the counter medications be given? Yes / No  
(Circle One)

Camper Allergies \_\_\_\_\_

\_\_\_\_\_

Special Diet \_\_\_\_\_

Special Needs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All medicine must be brought in original container along with an empty weekly pill organizer. Additional health information may be found online at [www.hacamps.org](http://www.hacamps.org).**

**My child has my permission to leave Hidden Acres as part of the camp experience (applies only to those campers registered for Fishing, Timothy Team, Rough Riders, Jr High Wilderness and Outdoor Challenge).**

YES or NO  
(Please circle one) \_\_\_\_\_ Parent/Guardian Signature

## Please Read and Sign

In case of emergency, every attempt will be made to contact a parent/guardian. If parent/guardian cannot be found, I hereby give permission to the medical personnel selected by the camp to order any necessary x-rays, tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my camper. I also hereby grant permission for Hidden Acres to transport my camper, if necessary. I also give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for my camper. I hereby agree to be responsible for payment of all costs and expenses of any health care provider or other person who acts in reliance upon this consent and authorization for treatment.

I grant my camper permission to participate in camping activities and covenant with Hidden Acres that I will never institute any action against Hidden Acres in regard to any personal injuries or injuries to property arising from any camping or related activities.

I understand and acknowledge that camp activities have inherent dangers that no amount of care, caution, instruction or experience can eliminate, and I expressly and voluntarily assume all risk for personal injury sustained by my camper while participating in these activities whether or not caused by the negligence of the released parties.

**Media Statement:** I hereby grant permission to Hidden Acres to record, by videotape, photograph or other means of reproduction, voice, image and physical likeness of my camper and to use any such recorded matter for promotional purposes without further consent or compensation.

Do you agree to the media statement above?  
\_\_\_ Yes \_\_\_ No

If you are in agreement with and understand the statements above, please sign below. If you do not sign below, your registration will be considered null and void, it will not be accepted by Hidden Acres, your payment will be returned, and your camper will not be registered for summer camp.

\_\_\_\_\_  
Parent/Guardian Signature  
(required for registration)

Mail to: Hidden Acres Christian Center  
3837 Union Ave, Dayton IA 50530  
Fax to (515) 547-2752  
Email: [judy.swanson@hacamps.org](mailto:judy.swanson@hacamps.org)