

INSPIRATION HILLS CAMPER REGISTRATION FORM

Last Name _____

First Name _____ Gender _____

Birth Date M ___ / D ___ / Y ___ Grade Completed by Beginning of Camp _____

Camper's Email _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Day (____) _____ Eve (____) _____

Cell (____) _____

Parents' Name(s) _____

Parents' Email _____

Address if different from above _____

City _____ State _____ Zip _____

Home Church/Congregation _____

Emergency Contact: Name _____

Emergency Contact: Phone (____) _____

Camp(s) I Would Like To Attend: Sr. High ___ Jr. High ___ Junior Camp ___

3 Day Camp ___ Sr. PA ___ Jr. PA ___ Wilderness ___ Bike ___

Work Camp ___ Labor Day Family Camp ___

Total Amount Due With Camper Registration _____

Special Requests: _____

In signing this application I agree to abide by all policies governing personal conduct and use of camp property as outlined in the camp brochure. I agree to cooperate and participate in all camp activities.

Camper's Signature _____ Date _____

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List any allergies including food allergies and intolerances _____

Please indicate any emotional or health problems, behavioral issues, dietary restrictions, traumatic events In the camper's life, or other information that we should know.

_____ (Please attached additional sheets if needed)

In signing this application, I certify that all information is correct and my child/ward is in good health and may participate in camping activities. I give consent for camp officials to act in any emergency in the best interest of the health and welfare of my child/ward. Should it become necessary for him/her to return home during the week because of illness, accident, homesickness, or conduct, I will abide by the camp's decision in this matter and provide transportation.

I recognize that certain hazards and dangers are inherent in camp events and programs. I understand, also, that although the camp has taken precautions to provide proper supervision, instruction, training and equipment for each activity, it is impossible for the camp to guarantee absolute safety. I further understand that my child/ward shares responsibility for his/her safety and I have instructed my child/ward in the importance of knowing and abiding by camp rules, regulations, and procedures for the safety of camp participants. Further, I waive any claim that may arise against the camp and/or employees as a result of participation in the program, except for those that are a direct result of gross negligence of the camp or its employees.

I also give permission for person named to be photographed and/or video-taped for promotional purposes.

Parent Signature _____ Date: _____

Printed Name _____

FOR OFFICE USE ONLY

Person ID _____	Amount Due _____
Date Received _____	Cancellation Date _____
Date Entered _____	Refund Amount _____
Date Conf Sent _____	Date Refund Paid _____
Total Fee _____	INFORMATION MISSING
Paid by parent _____	Parent Signature _____
Paid by church _____	Camper Signature _____
Campership _____	Date _____
Total Credited _____	Other _____