



2009 Summer Camp Registration Form

If possible, please register two weeks before your camp begins.
Please fill out both sides completely, PRINT legibly, and use a pen.

Camp Week _____

Camper's Name _____ Boy Girl
Home Address _____
City _____ State _____ Zip _____
Home Phone (____) _____ Work Phone (____) _____ For Whom? _____
Emergency Phone (____) _____ For Whom? _____
Birthdate _____ Age _____ Grade Just Finished _____
Member of what church? _____

Parents/Guardians _____
Parent's E-mail Address _____
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**

Has camper been baptized? _____
My child may be baptized at camp I prefer my child is baptized at our home church
My child may not be baptized at camp

Camper will be picked up by _____ at the close of camp.
Camper may NOT be picked up by _____
Please notify the camp if your pick-up plans change during the week. We will not release a camper to anyone not listed on this form.

T-shirt size: Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)
Adult Small Adult Medium Adult Large Adult Xlarge Other _____

Don't forget to mark your Camp Session on the back of this form!!

**Mail Form & Fee at least two weeks before your camp begins to:
White Mills Christian Camp, P.O. Box 129, White Mills, KY 42788
Questions? Call (270)862-3933 or e-mail whitemillscamp@alltel.net**

CAMP FEES

Make checks payable to White Mills Christian Camp. A deposit is due with registration form and is NOT refundable but is transferable. Balance is due upon arrival. Day Camp, Overnight, Jiffy Jr. & Junior fees include 2 canteen items per visit to canteen. The registration fee includes an 8x10 picture and a t-shirt.

FOR CHURCH USE ONLY

The _____ church will pay \$ _____
Please bill the church
Will send check with camper
Minister's Signature _____

CAMP OFFICE USE ONLY

Total Registration Fee \$ _____
Deposit Received \$ _____
Amount Church will pay \$ _____
BYKOTA Scholarship \$ _____
Bring a Friend/Specialty Camp Discount \$ _____
TOTAL AMOUNT DUE AT CHECK-IN \$ _____
Check Number _____
Registration Number _____

2009 HEALTH INFORMATION FORM

The following information must be filled in COMPLETELY and signed by a parent/guardian.
Please complete BOTH SIDES of the health record.

Health Record for:

Camper's Name _____ Date of Birth _____
Home Phone (____) _____ Emergency Phone (____) _____

Authorization for Participation in Camp and for Medical Treatment

I, having the authority to consent for the minor's health care, do hereby delegate my authority to consent to said minor's care (named on this card) to White Mills Christian Camp. I grant permission for the caregiver to request and authorize any and all examinations, medical treatments, and/or procedures to or for the benefit of the minor as may be deemed advisable or appropriate by any physician licensed to practice medicine. I understand however that every effort will be made to contact me in case of such emergency and if possible, before any such medical treatment is administered. I hereby release White Mills Christian Camp from any responsibility other than normal supervision and care. In case of accident, I will not hold White Mills Christian Camp or its staff members, management, or officers liable unless guilty of negligence. I hereby give permission for any photos or video to be taken during camp to be used for promotional procedures.

PRINT PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____

Health Insurance Information

Insurance Company Name _____
Group Number _____ Policy Holder's Number _____
Policy Holder's Name _____
Family Physician _____ Physician's Phone (____) _____

Insurance Coverage: White Mills Christian Camp will provide a co-insurance for all campers. This modest accident policy will pay whatever deductible the camper family coverage does not pay. In the event that a camper does not have accidental insurance, White Mills Christian Camp's policy will become primary coverage for camp related accidents only. Please make sure you have listed your insurance company and policy number in the above space allotted.

(Continued on back)

<u>SESSIONS</u>	<u>DATES</u>	<u>TOTAL FEE</u>	<u>DEPOSIT</u> Send with Registration	<u>BALANCE DUE ON ARRIVAL</u>
TRADITIONAL YOUTH CAMPS				
<input type="checkbox"/> Day Camp (4 & 5 yrs, Kindergarten)	June 13	\$40.00	\$20.00	\$20.00
<input type="checkbox"/> Overnighter I (Grade 1)	July 10-11	\$75.00	\$30.00	\$45.00
<input type="checkbox"/> Jiffy Junior I (Grades 2 & 3)	June 14-17	\$110.00	\$50.00	\$60.00
<input type="checkbox"/> Jiffy Junior II (Grades 2 & 3)	July 19-22	\$110.00	\$50.00	\$60.00
<input type="checkbox"/> Junior I (Grades 4 & 5)	June 14-19	\$175.00	\$75.00	\$100.00
<input type="checkbox"/> Junior II (Grades 4 & 5)	July 5-10	\$175.00	\$75.00	\$100.00
<input type="checkbox"/> Junior High I (Grades 6-8)	June 7-12	\$175.00	\$75.00	\$100.00
<input type="checkbox"/> Junior High II (Grades 6-8)	July 12-17	\$175.00	\$75.00	\$100.00
<input type="checkbox"/> Senior High (Grades 9-12)	June 21-26	\$195.00	\$95.00	\$100.00
SPECIALTY CAMPS				
<input type="checkbox"/> Science Camp (Grades 4-6)	June 28-July 1	\$125.00	\$50.00	\$75.00
<input type="checkbox"/> All Girls Camp (Gr. 5-7)	July 19-23	\$150.00	\$50.00	\$100.00
<input type="checkbox"/> Performing Art Camp (Gr. 2-5)	June 28-July 1	\$125.00	\$50.00	\$75.00
<input type="checkbox"/> Jr. & Sr. High Mission Trip	July 5-11	\$320.00	\$100.00	\$220.00
<input type="checkbox"/> Equestrian Camp (Gr. 6-12)	July 19-24	\$250.00	\$100.00	\$150.00
WILDERNESS CAMPS				
<input type="checkbox"/> Junior Wilderness (Gr. 4 & 5)	June 3-6	\$115.00	\$50.00	\$65.00
<input type="checkbox"/> Jr. High Wilderness I (Gr. 6-8)	June 14-19	\$175.00	\$75.00	\$100.00
<input type="checkbox"/> Jr. High Wilderness II (Gr.6-8)	July 26-31	\$175.00	\$75.00	\$100.00
<input type="checkbox"/> Sr. High Wilderness (Gr. 9-12)	July 12-17	\$175.00	\$75.00	\$100.00

REGISTRATION INSTRUCTIONS

- ◆ On the right, check the session you plan to attend. One registration form for each session.
- ◆ If possible, please register two weeks in advance.
- ◆ Be sure you include your deposit with your registration form. Forms will not be accepted without the deposit.
- ◆ Camp weeks are determined by the GRADE you are FINISHING.
- ◆ Mission Trip registrations due April 10, 2009. After that date a late fee of \$25.00 will be added.
- ◆ Scholarship information is available on our website.

Health Information Continued

Allergies: Please list any food, medication, insect, or other allergies and describe the **reaction and management of the reaction.**

Allergy _____ Reaction/Management _____

Allergy _____ Reaction/Management _____

Medications: Please list ALL medications (over the counter, herbal, or prescription) taken routinely. Bring enough to last the entire time at camp. **You MUST keep medication in the original packaging/bottle that identifies the prescribing physician (if prescription), name of medicine, dosage and frequency.** Medication not in original package/bottle will not be accepted. Without this form, the nurse is not permitted to give medication to your child.

Name of medication _____ Dosage _____

Specific times? _____

Reason for taking _____

Other Instructions _____

Name of medication _____ Dosage _____

Specific times? _____

Reason for taking _____

Other Instructions _____

Name of medication _____ Dosage _____

Specific times? _____

Reason for taking _____

Other Instructions _____

Name of medication _____ Dosage _____

Specific times? _____

Reason for taking _____

Other Instructions _____

List medical conditions or history to be aware of & please describe. Nothing checked indicates the camper has no medical conditions & is capable of full participation.

- | | |
|--|--|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Hives |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Clotting Disorder |
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Other |

Are there any restrictions to this camper's activities?
Please specify: _____

Is this camper immunized against Polio, Diphtheria, Measles & Mumps? _____
Date of latest Tetanus Booster _____

Your child is likely to be more active during the camp program than usual. It is normal for children to experience headaches, stomach aches, muscle pains, etc. All complaints will be thoroughly examined by the nurse. Please indicate below your permission to administer these over the counter medications, or if you wish to be notified first.

Tylenol/Motrin Yes _____ No _____ Call First _____

Tums Yes _____ No _____ Call First _____

Ear drops Yes _____ No _____ Call First _____

Benadryl Yes _____ No _____ Call First _____

Neosporin Yes _____ No _____ Call First _____

Hydrocortisone Cream Yes _____ No _____ Call First _____