



2012 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 Name _____

Camper's Name _____ Boy Girl

Parents/Guardians _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent's E-mail Address _____

Birthdate _____ Age _____ Grade Just Finished _____

Member of what church? _____

Is this your first session of camp? ____ If so, how did you hear about us? _____

Has camper been baptized? ____ Parents will be called for permission if camper desires to be baptized.

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.

You have the opportunity to sponsor a child for camp through Wade Scholarships. Please make donation check to BYKOTA & enclose with registration form.

T-shirt size: YS YM YL AS AM AL AXL Other _____

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

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. 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 info@whitemillschristiancamp.com

CAMP OFFICE USE ONLY

Total Registration Fee	\$ _____
Deposit Received	\$ _____
Amount Church will pay (SEE BELOW)	\$ _____
Scholarship	\$ _____
Bring a Friend Discount	\$ _____
TOTAL AMOUNT DUE AT CHECK-IN	\$ _____
Check Number	_____
Registration Number	_____

FOR CHURCH USE ONLY

The _____ church will pay \$ _____
 Please bill the church
Minister's Signature _____
This must be signed by your minister or you will be billed for the camper fees.

2012 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)

TRADITIONAL YOUTH CAMPS	DATES	FEE	DEPOSIT	BALANCE DUE
	Send with Registration			ON ARRIVAL
<input type="checkbox"/> Day Camp (4 & 5 yrs, PreSchool)	June 30	\$40.00	\$20.00	\$20.00
<input type="checkbox"/> Overnighter (Grade K & 1)	July 27-28	\$80.00	\$30.00	\$50.00
<input type="checkbox"/> Jiffy Junior I (Grades 1 - 3)	June 24-27	\$115.00	\$50.00	\$65.00
<input type="checkbox"/> Jiffy Junior II (Grades 2 & 3)	July 1-4	\$115.00	\$50.00	\$65.00
<input type="checkbox"/> All Elementary I (Grades 1-5)	June 3-8	\$180.00	\$80.00	\$100.00
<input type="checkbox"/> All Elementary II (Grades 1-5)	July 22-27	\$180.00	\$80.00	\$100.00
<input type="checkbox"/> Junior I (Grades 4 & 5)	June 24-29	\$180.00	\$80.00	\$100.00
<input type="checkbox"/> Junior II (Grades 4 & 5)	July 8-13	\$180.00	\$80.00	\$100.00
<input type="checkbox"/> Junior High I (Grades 6-8)	June 17-22	\$180.00	\$80.00	\$100.00
<input type="checkbox"/> Junior High II (Grades 6-8)	July 15-20	\$180.00	\$80.00	\$100.00
<input type="checkbox"/> High School (Grades 9-12)	June 10-15	\$195.00	\$95.00	\$100.00
SPECIALTY CAMPS				
<input type="checkbox"/> Science Camp (Grades 4-7)	July 1-4	\$125.00	\$50.00	\$75.00
<input type="checkbox"/> All Girls Camp (Gr. 5-8)	July 8-13	\$180.00	\$80.00	\$100.00
<input type="checkbox"/> Jr & Sr High Mission Trip (Gr 6-12)	July 13-21	\$350.00	\$100.00 due Feb 29	\$250.00 due June 1
<input type="checkbox"/> Trail Blazers Horse (Gr. 6-12)	July 27-31	\$225.00	\$100.00	\$125.00
WILDERNESS CAMPS				
<input type="checkbox"/> Junior Wilderness (Gr. 3-5)	July 15-18	\$115.00	\$50.00	\$65.00
<input type="checkbox"/> Jr. High Wilderness I (Gr. 6-8)	June 24-29	\$180.00	\$80.00	\$100.00
<input type="checkbox"/> Jr. High Wilderness II (Gr.6-8)	July 22-27	\$180.00	\$80.00	\$100.00
<input type="checkbox"/> Sr. High Wilderness (Gr. 9-12)	July 8-13	\$195.00	\$95.00	\$100.00

REGISTRATION INSTRUCTIONS

- ◆ On the left, check the session you plan to attend.
- ◆ Please register two weeks in advance.
- ◆ Be sure you include your deposit with your registration form. Forms will not be accepted without the deposit.
- ◆ If your church is paying all the camp fees, the deposit must be included with the registration or the camper will not be registered. If your church is paying any part of the camp fees, the form must be signed by the minister.
- ◆ Camp weeks are determined by the GRADE you are FINISHING.

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? _____

Name of medication _____

Dosage _____

Specific times? _____

Name of medication _____

Dosage _____

Specific times? _____

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 _____

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 _____