



2017 Summer Camp Registration Form

Register at least 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 _____

Phone #1 (____) _____ For whom? _____

Phone #2 (____) _____ For whom? _____

Parent's E-mail Address _____

Birthdate _____ Age _____ Grade Just Finished _____

Member of what church? _____

Is this your first session of camp? _____

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.

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.

2017 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.*

Camp Week Name _____

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 (____) _____

TRADITIONAL YOUTH CAMPS	DATES	FEE	DEPOSIT Send with Registration	DUE ON ARRIVAL
<input type="checkbox"/> Buddy Day Camp (4 & 5 years old)	July 22	\$40.00	\$20.00	\$20.00
<input type="checkbox"/> Overnighter (Grades K & 1)	July 21-22	\$80.00	\$30.00	\$50.00
<input type="checkbox"/> Jiffy Junior 1 (Grades 1 - 3)	June 18-21	\$120.00	\$50.00	\$70.00
<input type="checkbox"/> Jiffy Junior 2 (Grades 1 - 3)	July 16-19	\$120.00	\$50.00	\$70.00
<input type="checkbox"/> Jiffy Junior 3 (Grades 1 - 2)	July 30-Aug. 2	\$120.00	\$50.00	\$70.00
<input type="checkbox"/> All Elementary 1 (Grades 1-5)	June 4-9	\$185.00	\$85.00	\$100.00
<input type="checkbox"/> All Elementary 2 (Grades 1-5)	July 9-14	\$185.00	\$85.00	\$100.00
<input type="checkbox"/> Junior 1 (Grades 3 - 5)	June 25-30	\$185.00	\$85.00	\$100.00
<input type="checkbox"/> Junior 2 (Grades 3 - 5)	July 16-21	\$185.00	\$85.00	\$100.00
<input type="checkbox"/> Junior High 1 (Grades 6-8)	June 11-16	\$195.00	\$95.00	\$100.00
<input type="checkbox"/> Junior High 2 (Grades 6-8)	July 2-7	\$195.00	\$95.00	\$100.00
<input type="checkbox"/> High School (Grades 9-12)	June 25-30	\$195.00	\$95.00	\$100.00
SPECIALTY CAMPS				
<input type="checkbox"/> Performing Arts (Gr. 2-5)	June 21-24	\$130.00	\$50.00	\$80.00
<input type="checkbox"/> Sports (Gr. 2-5)	June 21-24	\$130.00	\$50.00	\$80.00
<input type="checkbox"/> Crafting (Gr. 2-5)	June 21-24	\$130.00	\$50.00	\$80.00
<input type="checkbox"/> All Girls (Gr. 5-9)	July 23-28	\$195.00	\$95.00	\$100.00
<input type="checkbox"/> Mighty Men (Gr. 6-10)	July 23-28	\$195.00	\$95.00	\$100.00
<input type="checkbox"/> Leadership (Gr. 6-12)	June 18-23	\$195.00	\$95.00	\$100.00
<input type="checkbox"/> Science (Gr. 4-7)	June 18-23	\$195.00	\$96.00	\$100.00
WILDERNESS CAMPS				
<input type="checkbox"/> Junior Wilderness (Gr. 3-5)	June 11-14	\$120.00	\$50.00	\$70.00
<input type="checkbox"/> Jr. High Wilderness (Gr. 6-8)	June 18-23	\$195.00	\$95.00	\$100.00
<input type="checkbox"/> Sr. High Wilderness (Gr. 9-12)	July 2-7	\$195.00	\$95.00	\$100.00

INSTRUCTIONS

- ◆ Check the session you plan to attend.
- ◆ Please register two weeks in advance to be sure to secure a bunk & a t-shirt for your camper.
- ◆ 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

Camper's Name _____

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

Allergy _____ Reaction/Management _____

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 restrictions to be aware of & please describe.

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 ____