



2018 Summer Camp Registration Form

Register by May 15th for June camps and June 15th for July camp.
Please fill out both sides completely, PRINT legibly, and use a pen.

Camp Week Name _____

Camper's Name _____ Boy Girl

Parent/Guardian #1 _____ Phone _____

Parent/Guardian #2 _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail Address _____

Birthdate _____ Age _____ Grade Just Finished _____

Member of what church? _____

First time at White Mills? _____ Has camper been baptized? _____
Parents will be called for permission if camper desires to be baptized.

Who will pick up your camper? _____

Who cannot pick up your camper? _____

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!!

Questions? Call (270)862-3933 or e-mail info@whitemillschristiancamp.com

Make checks payable to White Mills Christian Camp. A deposit is due with registration form. Balance is due upon arrival. Mail Form & Fee to:
White Mills Christian Camp
P.O. Box 129
White Mills, KY 42788

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	\$ _____
Date	_____
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.

2018 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 _____

Emergency Phone #1 _____ Name _____ Relationship to Camper _____

Emergency Phone #2 _____ Name _____ Relationship to Camper _____

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 (____) _____

(Continued on back)

TRADITIONAL YOUTH CAMPS	DATES	REGISTRATION FEE	MINIMUM DEPOSIT
<input type="checkbox"/> Buddy Day Camp (4 & 5 yr old)	June 9	\$40 (after May 15, \$45)	\$20
<input type="checkbox"/> Overnighter (Grades K & 1)	June 8-9	\$80 (after May 15, \$85)	\$30
<input type="checkbox"/> Jiffy Junior 1 (Grades 1 - 3)	June 24-27	\$120 (after May 15, \$130)	\$50
<input type="checkbox"/> Jiffy Junior 2 (Grades 1 - 3)	July 22-25	\$120 (after June 15, \$130)	\$50
<input type="checkbox"/> All Elementary 1 (Grades 1-5)	June 3-8	\$195 (after May 15, \$215)	\$95
<input type="checkbox"/> All Elementary 2 (Grades 1-5)	July 15-20	\$195 (after June 15, \$215)	\$95
<input type="checkbox"/> Junior 1 (Grades 3 - 5)	June 24-29	\$195 (after May 15, \$215)	\$95
<input type="checkbox"/> Junior 2 (Grades 3 - 5)	July 22-27	\$195 (after June 15, \$215)	\$95
<input type="checkbox"/> Middle School 1 (Grades 6-8)	June 10-15	\$200 (after May 15, \$220)	\$100
<input type="checkbox"/> Middle School 2 (Grades 6-8)	July 8-13	\$200 (after June 15, \$220)	\$100
<input type="checkbox"/> High School (Grades 9-12)	July 1-6	\$200 (after June 15, \$220)	\$100
SPECIALTY CAMPS			
<input type="checkbox"/> Performing Arts (Gr. 2-5)	June 17-20	\$130 (after May 15, \$140)	\$50
<input type="checkbox"/> Sports (Gr. 2-5)	June 17-20	\$130 (after May 15, \$140)	\$50
<input type="checkbox"/> Crafts (Gr. 2-5)	June 17-20	\$130 (after May 15, \$140)	\$50
<input type="checkbox"/> Science (Gr. 4-7)	July 1-6	\$200 (after June 15, \$220)	\$100
<input type="checkbox"/> All Girls (Gr. 5-9)	July 29-Aug 3	\$200 (after June 15, \$220)	\$100
<input type="checkbox"/> Middle School Leadership (Gr. 6-8)	June 20-23	\$130 (after May 15, \$140)	\$50
<input type="checkbox"/> High School Leadership (Gr. 9-12)	June 17-20	\$130 (after May 15, \$140)	\$50
<input type="checkbox"/> Preaching Camp (Gr. 9-12)	July 1-6	\$200 (after June 15, \$220)	\$100
<input type="checkbox"/> Young Adult Fitness (18 and older)	July 29-Aug 3	\$200 (after June 15, \$220)	\$100
WILDERNESS CAMPS			
<input type="checkbox"/> Junior Wilderness (Gr. 3-5)	June 10-13	\$120 (after May 15, \$130)	\$50
<input type="checkbox"/> Middle School Wilderness (Gr. 6-8)	June 24-29	\$200 (after May 15, \$220)	\$100
<input type="checkbox"/> High School Wilderness (Gr. 9-12)	July 8-13	\$200 (after June 15, \$220)	\$100

INSTRUCTIONS

- ◆ Check the session(s) you plan to attend.
- ◆ Please register by May 15 (for June camps) or June 15 (for July camps).
- ◆ Be sure you include your deposit with your registration form. Forms will not be accepted without the deposit.
- ◆ 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.
- ◆ You can also register online! Please note that online registrations must be paid in full.

Handi-Camp* Dates for 2018

May 30-June 2 • July 29-August 1
August 1-4 • September 7-9

For information or to register, contact Power Ministries at 812-945-4117 or www.powerministries.org.

*Handi-Camp is for individuals (adults and children) with disabilities.

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 pre-scripted), 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 ____