



# 2022 Summer Camp Registration Form

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 You Are Finishing \_\_\_\_\_

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](mailto: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	\$ _____
<b>TOTAL AMOUNT DUE AT CHECK-IN</b>	<b>\$ _____</b>
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.

## 2022 HEALTH & PARTICIPATION FORM

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

### Health Record

Camp Week Name \_\_\_\_\_

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 purposes.

By signing below, I agree that my camper will abide by White Mills Christian Camp's Statement of Faith while participating in camp. (Statement of Faith can be found here: [www.whitemillschristiancamp.com/purpose-and-vision](http://www.whitemillschristiancamp.com/purpose-and-vision))

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)

**Wilderness Camps**

**Specialty Camps**

**Traditional Camps**

SESSION NAME	DATE	REGISTRATION FEE	DEPOSIT
<input type="checkbox"/> Buddy Day Camp (4 & 5 yr old)	July 30	\$45 (\$50 after May 1)	\$20
<input type="checkbox"/> Overnighter (Grades K & 1)	July 29-30	\$90 (\$95 after May 1)	\$40
<input type="checkbox"/> Jiffy Junior 1 (Grades 1 - 3)	June 26-29	\$135 (\$145 after May 1)	\$50
<input type="checkbox"/> Jiffy Junior 2 (Grades 1 - 3)	July 24-27	\$135 (\$145 after May 1)	\$50
<input type="checkbox"/> All Elementary 1 (Grades 1-5)	June 5-10	\$220 (\$240 after May 1)	\$100
<input type="checkbox"/> All Elementary 2 (Grades 1-5)	July 17-22	\$220 (\$240 after May 1)	\$100
<input type="checkbox"/> Junior 1 (Grades 3 - 5)	June 26-July 1	\$220 (\$240 after May 1)	\$100
<input type="checkbox"/> Junior 2 (Grades 3 - 5)	July 24-29	\$220 (\$240 after May 1)	\$100
<input type="checkbox"/> Middle School 1 (Grades 6-8)	June 12-17	\$220 (\$240 after May 1)	\$100
<input type="checkbox"/> Middle School 2 (Grades 6-8)	July 10-15	\$220 (\$240 after May 1)	\$100
<input type="checkbox"/> High School (Grades 9-12)	July 3-8	\$220 (\$240 after May 1)	\$100
<input type="checkbox"/> Performing Arts (Gr. 2-5)	June 19-22	\$145 (\$155 after May 1)	\$50
<input type="checkbox"/> Sports (Gr. 2-5)	June 19-22	\$145 (\$155 after May 1)	\$50
<input type="checkbox"/> Crafts (Gr. 2-5)	June 19-22	\$145 (\$155 after May 1)	\$50
<input type="checkbox"/> Science (Gr. 4-7)	July 3-8	\$220 (\$240 after May 1)	\$100
<input type="checkbox"/> All Girls (Gr. 5-9)	July 3-8	\$220 (\$240 after May 1)	\$100
<input type="checkbox"/> American Sign Language (Gr. 6-12)	June 19-24	\$220 (\$240 after May 1)	\$100
<input type="checkbox"/> Baking (Gr. 6-12)	June 19-24	\$220 (\$240 after May 1)	\$100
<input type="checkbox"/> Fishing (Gr. 6-12)	June 19-24	\$220 (\$240 after May 1)	\$100
<input type="checkbox"/> Ministry 101 (Gr. 9-12)	June 19-24	\$220 (\$240 after May 1)	\$100
<input type="checkbox"/> Local Mission Trip (Gr. 6-12)	June 19-24	\$220 (\$240 after May 1)	\$100
<input type="checkbox"/> Woodworking (Gr. 9-12)	June 19-24	\$220 (\$240 after May 1)	\$100
<input type="checkbox"/> Music Ministry (Gr. 6-12)	June 19-24	\$220 (\$240 after May 1)	\$100
<input type="checkbox"/> Deeper Life (18 and older)	July 31-Aug. 3	\$140 (\$150 after May 1)	\$50
<input type="checkbox"/> Junior Wilderness (Gr. 3-5)	June 12-15	\$135 (\$145 After May 1)	\$50
<input type="checkbox"/> Middle School Wilderness (Gr. 6-8)	July 17-22	\$220 (\$240 after May 1)	\$100
<input type="checkbox"/> West Virginia Trip (Gr. 8-12)	July 18-22	\$425 (\$445 after May 1)	\$200

**INSTRUCTIONS**

- ◆ Check the camp you are attending
- ◆ Please register by May 1st for best price.
- ◆ Be sure to include your deposit with your registration form.
- ◆ If your church is paying any part of the camp fees, this form must be signed by the minister.
- ◆ Camp weeks are determined by the GRADE you are FINISHING.
- ◆ You can also register online at [www.whitemillchristiancamp.com](http://www.whitemillchristiancamp.com).

**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 \_\_\_\_\_

**Medications: Medically necessary only. Please do not send vitamins or supplements.** Please list ALL medications taken routinely. You MUST keep medication in the original packaging/bottle that identifies the prescribing physician (if prescription), name of medicine, dosage and frequency.

Medication and Dosage \_\_\_\_\_

Medication and Dosage \_\_\_\_\_

Medication and Dosage \_\_\_\_\_

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 \_\_\_\_\_