

CAMP HOPE

“Truth Seekers”

July 11-14, 2010

Camper Registration Packet

(For students entering 4th OR 5th Grade in fall of 2010)

IMPORTANT REGISTRATION INFORMATION

1. *Space is limited!* The spots will be filled on a first-come, first-served basis. Children at New Hope Church may invite ONE guest who is also entering the 4th or 5th grade in the fall 2010.
2. Each of the attached forms *must be filled out completely*. We cannot reserve a spot for your child at camp until we have all requested information. Please make sure that all questions are answered and all medical information is complete. (Partial scholarships are available on an “as-needed” basis. Contact Camp Director, Cathi Hubbard, at 626-5508 to apply)
3. A **\$25 deposit** is also required to reserve a spot at camp. Please make checks payable to “New Hope Church” and designate as “Camp Hope.” **Total cost will be \$110.**
4. Registration opens *Sunday, May 2nd* **Registration closes Sunday, June 13th.** So don't delay!
5. Completed registration packets and deposits for campers and their guests can be dropped off to either:
 - The church office on weekdays from 8:00 a.m. to 4:00 p.m.
 - Cathi Hubbard's Mailbox
6. The remaining **balance** of your child's camp fee is **due no later than Sunday, July 4th.**
7. Dates & times to place on your calendar:

Sunday, July 11th – Campers arrive at 8:15am
Attend Kids Kingdom
Send-off Ceremony from Kid's Kingdom at 10:00am

Wednesday, July 14th - Campers return at 4:30pm
Closing Ceremonies in Sanctuary & Baptism Service*

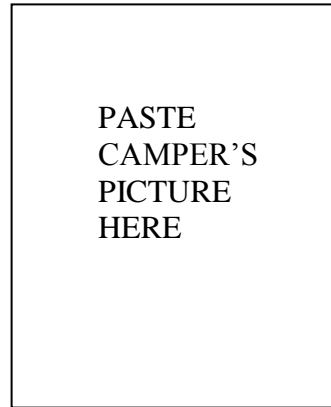
(* For children who desire to be baptized and express to their family & friends that they have placed their faith & trust in Jesus Christ and desire to live their life for Him forever.)

Name _____

____ Camper attends New Hope Church OR Camper is a friend of _____

Camper's Birthdate: _____
month day year

Camper's Fall Grade: _____



Each camper may request one child to be assigned to his/her cabin: _____

Camper's T-Shirt Size: ___S ___M ___L ___XL ___XXL

T-Shirt needs to be an: ___Adult Size ___ Youth Size

3. Date of last tetanus shot _____ Weight _____
4. Is your child currently taking any medications? NO YES List/explain _____

5. Does your child have any condition or disability which might limit full participation in camp activities such as hiking, swimming, etc.? NO YES Explain: _____

6. Does your child have any dietary restrictions? NO YES
Explain: _____
7. Does your child have any respiratory problems that might be aggravated by campfire smoke? Being outside at dawn or dusk? NO YES
Explain: _____
8. Does your child have an allergy to bee stings, poison ivy, etc.? NO YES
Explain: _____
9. My child might have a problem with bed-wetting. NO YES
10. My child might sleep walk. NO YES
11. Other information counselors should know about my child _____

NEW HOPE CHURCH

5307 W. Fairview Road, Greenwood, IN 46142 (317) 888-4673

www.newhopegreenwood.org

Child/Youth Permission/Waiver Form

(Name of Participant child/youth – please print) _____

Has permission to participate in activities of New Hope Church and to be transported by church vehicles or private vehicles when necessary for such activities. I understand all activities will have adult supervision. In consideration of the benefits to be derived from such activities, I hereby voluntarily waive any claim against New Hope Church, the sponsors, volunteers as well as owner(s)/driver(s) of vehicles furnishing transportation for such activities.

I further agree to direct above-named participant child/youth to conform to the fullest with the directions and instructions of the adult leaders, volunteers, sponsors in charge of such activities.

Print: _____

Name of Parent(s) and/or legal guardian(s) of child/youth participant

Signature: _____

Parent(s) and/or legal guardian(s) of child/youth participant

Street Address _____

City/State _____ Zip Code _____

Phones: Home (_____) _____ Work (_____) _____

Cell (_____) _____ Cell (_____) _____

E-Mail Address (parent) _____

If communication with child/youth via e-mail is permitted, please list that e-mail address:

E-Mail Address (child/youth) _____

PUBLICITY PERMISSION

On occasion, New Hope Church takes photographs or makes a video recording of children, youth and/or adults involved in such activities. Please check the uses by New Hope Church of such photographs or video recordings that you agree to below, otherwise mark as (N/A) not-applicable:

- Photographs or video recordings may be shared in printed format with staff and participants of activities as a remembrance of such activities (ie: copies of photos, copies of videos/DVDs)
- Photographs or video recordings may be used by New Hope for in-church promotion of activities.
- Photographs or video recordings may be used by New Hope for web-based promotion or advertising of activities on the condition that no personal information about any child/youth would be included and anonymity would be maintained.

Signature: _____

Parent(s) and/or legal guardian(s) of child/youth participant

MEDICAL CARE PERMISSION

I hereby authorize emergency medical care or first-aid treatment as needed for the above named child/youth participant in the event of illness or injury during a New Hope Church-sponsored activity.

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, currently under doctor’s care, etc.):

Has said child/youth had any surgery or serious illness in the past three (3) years? Yes No

If yes, please explain:

Is said child/youth required to take any medication? Yes No If yes, list medication, reason, dosage and frequency of use:

Health Insurance Co: _____ Policy No. _____
Policy Holder’s Name: _____ Insurance Co. Phone _____
Family Physician’s Name: _____ Phone _____

Swimming Ability

- Non-swimmer
- Swimmer (with use of floatation device ONLY)
- Swimming (no floatation device required)

EMERGENCY CONTACTS:

Name & Relation to Child Any Phone Numbers

Name & Relation to Child Any Phone Numbers

THIS PERMISSION/WAIVER IS VALID FOR THE YEAR: **JUNE 1, 2010-MAY 31, 2011**

CAMPER INFORMATION

MY CAMPING PROMISE

(Please have your child fill out this information)

My Name Is: _____

My Address Is: _____

My Phone Number Is: _____

I go to _____ Elementary School.

The things I am looking forward to at Camp Hope are:

While I Am At Camp, I will respect God & others by:

- Following the Rules Of My Camp Leaders
- Following the Rules At Camp Rivervale
- Conducting Myself As A Christian
- Respecting the Property Of Others
- Bringing No Firecrackers, No Electronic Video Games, No I-Pods or MP3 Players, No CD Players, NO Cell Phones
- Participating in All Activities With A Good Attitude

Sign Your Name Here: _____