

**CAMP HOLIDAY 2018  
CAMPER REGISTRATION**

**A. Camp Information**

Please circle the week(s) of camp that your child will be attending.

Please check the location you wish to register your child. **Temple Hills** \_\_\_\_ **Waldorf** \_\_\_\_

**Session I** (June 18 - June 22) (June 25- June 29) (July 2 – July 6) (**Camp will be closed on Wednesday July 4th**) (July 9 -July 13) (July 16 – July 20) (July 23 – 27) (July 30 – Aug 3) (Aug 6-10) **Session II** (Aug 13-17) (Aug 20-24)

**B. Personal Information (Your child must be 5 Years of age to register)**

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex **M** **F**

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

D.O.B. \_\_\_\_\_ School \_\_\_\_\_ Church \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Home # \_\_\_\_\_ Wk. # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Ph # \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**C. Medical Information**

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ ID# \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

**(No medications will be administered to a camper)**

**Health Concerns (circle):** asthma, bed-wetting, constipation, crying, weak bladder, fainting, nose bleeds, seizures, upset stomach, non-swimmer - others \_\_\_\_\_

**Please Attach an updated copy of your child shot records. No child can attend camp without it.**

**Registration fee:** \$175.00 per camper - **Before Care Fee:** \$45.00 weekly

**After Care Fee:** \$45.00 weekly: **Camper t-shirt size** \_\_\_\_\_

**Photographs/ Videos**

Throughout the year, photographs, audio and videos may be taken of Community Changers Camp Holiday campers and used or published for educational purposes to promote camp or camp activities unless consent is withheld in writing and submitted to the camp by the parent or guardian. Photos and videos are regularly used on the ministry's website and as well as submitted for publication to local media.

I approve of my child's full participation in **Camp Holiday** activities. I consent to emergency medical attention treatment on my behalf. I understand that **Camp Holiday** assumes no liability for injuries or damages unless they are due to willful fault or negligence. I know of no physical limitations to my child's participation in camp activities. I certify that the information on this form is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_