

# Treehouse Camp Registration Form

June 30-Jul 3, 2018

## CAMPER INFORMATION (PRINT CLEARLY)

Camper's Full Name \_\_\_\_\_

Date of Birth (m)\_\_\_\_/ (d) \_\_\_\_ / (y) \_\_\_\_

Address \_\_\_\_\_

Age\_\_\_\_ Rising Grade\_\_\_\_  Male  Female

City & Zip Code \_\_\_\_\_

Cabin Friends: (limit of two; friends must also request you)

Friend 1: \_\_\_\_\_

Friend 2: \_\_\_\_\_

## PARENT OR GUARDIAN INFORMATION

Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_

Mom/Guardian Cell \_\_\_\_\_

Dad/Guardian Cell \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

## COST

Camp fee **\$165 (by 5/13)** \$ \_\_\_\_\_

**\$179 (after 5/13)** \$ \_\_\_\_\_

Deposit enclosed (\$50 minimum) — \$ \_\_\_\_\_

*Please make check payable to NHC*

*Memo Line – Treehouse Camp*

Balance due (by 6/29) = \$ \_\_\_\_\_

## TRANSPORTATION

All kids will be transported by parents or adult NHC camp workers. Please indicate below your availability to assist with transportation needs. **Please also indicate if anyone, whether child or adult, will be needing to riding with you.**

I can drive kids from church to camp on Saturday afternoon, June 30. Make/Model \_\_\_\_\_ # \_\_\_\_\_

(List above the # of seatbelts in vehicle – **including** driver's.)

I can drive kids back from camp to church Tuesday morning, July 3. Make/Model \_\_\_\_\_ # \_\_\_\_\_

(List above the # of seatbelts in vehicle – **including** driver's.)

I cannot assist with transportation at all.

(If we do not have an adequate # of drivers, we may call you ☺)

The above named minor has my permission, as his/her parent or legal guardian to attend Hickory Cove Bible Camp and to participate in all aspects of Treehouse Camp unless I notify the camp and have specified otherwise. I am aware that some of the activities carry an inherent risk of injury. I knowingly assume full responsibility for all risk of injury. While precautions will be taken to ensure the welfare of all campers, North Hills Church, its officers, staff and volunteers, and Hickory Cove Bible Camp, its trustees, officers, staff, and volunteers are hereby released from any and all liability in the event of any accident, injury, or illness. I further hold such parties harmless and indemnify them against any cost or charge resulting from an incident involving my child. Final permission is given to include this camper in any camp photographs, video productions and/or promotional materials without further notification or permission.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

# Treehouse Camp Medical Form

Camper Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone Number(s): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Additional Phone # \_\_\_\_\_

## PERSCRIPTION MEDICATIONS:

Inhalers are the only medications that can be kept with the camper. NO PERSCRIPTION MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT OR LEGAL GUARDIAN SIGNATURE. All camper medications will be administered by the camp nurse.

Name of Medication	Dosage	Dates & Times to Be Administered

Medications will be given as directed on prescription containers. Explain any differences in instructions:

\_\_\_\_\_

## OVER-THE-COUNTER MEDICATIONS:

Please check beside any medications you authorize the camp nurse to administer at her discretion:

- Acetaminophen (Tylenol®) – for headaches or minor aches and pains
- Calcium Carbonate (Tums®) – for minor stomach upset or discomfort
- Diphenhydramine (Benadryl®) – for relief of mild allergy symptoms
- Guaifenesin (Robitussin®) – for coughing or mild allergy symptoms
- Ibuprofen (Advil®) – for relief of minor aches and pains/inflammation

**List any conditions requiring restrictions from activities or other considerations while at camp.** Please give full details and include any serious injuries or surgeries we should have knowledge of:

I, \_\_\_\_\_, Parent or Legal Guardian of \_\_\_\_\_

(Parent's/Guardian's Name)

(Camper's Name)

authorize the camp nurse to administer the medications listed above. I authorize the camp staff to consent to medical treatment when either I or my assignee cannot be contacted. I understand that every effort will be made to contact me before such action.

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