

## Registration Instructions

Mail completed registration forms along with the appropriate deposit or full payment to:

Camp Hope  
Name of Activity  
7011 Pony Lake Rd  
Dahlonega, GA 30533

Spring Teen Retreat	\$70/camper; \$25 deposit; \$45 balance due the day the retreat starts
Home School Camp	\$210/camper/week; \$80 deposit; \$130 balance due the day camp starts
Junior Camp	\$255/camper/week; \$80 deposit; \$175 balance due the day camp starts
Teen Camp	\$290/camper/week; \$80 deposit; \$210 balance due the day camp starts
Girls Camp	\$260/camper/week; \$80 deposit; \$189 balance due the day camp starts
Youth Conference	\$75/camper; \$25 deposit; \$50 balance due the day the retreat starts

Once you have registered, you will receive an email from us acknowledging we have reserved a spot *just for you!* If you do not receive this notification within 14 days please call us at 770.536.4787 or email [camphopega@gmail.com](mailto:camphopega@gmail.com).

Please Note: We know that many of you prefer to use your debit or credit card to pay for items but when you bring your balance due you will need to bring cash or a check because we do not have any way to process credit cards on site. Also remember to bring money for the canteen/store.

Please send only the pages following this instruction page.

# 2017 Registration Form

Check weeks attending:

<u>Week</u>	<u>Speaker</u>	<u>Date</u>	<u>Total Cost</u>
<input type="checkbox"/> Spring Teen Retreat	Jon Kever	March 3-5	\$70.00
<input type="checkbox"/> Home School	Nate Thomas/Mike Donahue	June 5-10	\$210.00
<input type="checkbox"/> Junior 1	Nate Thomas	June 11-17	\$255.00
<input type="checkbox"/> Junior 2	Joe Hawkinson	June 18-24	\$255.00
<input type="checkbox"/> Junior 3	Arthur Manning	June 25-July 1	\$255.00
<input type="checkbox"/> Teen 1	Alan Malchuk	July 2-9	\$290.00
<input type="checkbox"/> Teen 2	Jon Glock	July 9-16	\$290.00
<input type="checkbox"/> Girls Camp	TBA	July 23-29	\$255.00
<input type="checkbox"/> Youth Conf.	TBA	Sept. 2-4	\$75.00

### New Camper Discount

There will be a \$25 discount to each new camper for their first week of camp for Home School, Junior and Girls Camps. A refund will be sent by the end of the summer season.

### New Camper Referral for Home School, Junior & Girls Camps

An existing camper will receive a \$25 discount for each new camper they bring for a week of camp Home School, Junior or Girls Camps. The existing camper can bring multiple new campers and receive a discount for each new camper. Once the new camper has been registered then Camp Hope will issue a refund to the camper who brought the new camper by the end of the summer season.

**New Camper Name(s):** \_\_\_\_\_

**Are you extending your fun?** If so, please be aware that there are no provisions for in between camp "stay overs". We are glad you want to stay!

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 9/1 \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Father's Work (\_\_\_\_\_) \_\_\_\_\_

Mother's Work (\_\_\_\_\_) \_\_\_\_\_ Father's Cell (\_\_\_\_\_) \_\_\_\_\_

Mother's Cell (\_\_\_\_\_) \_\_\_\_\_

Parent E-Mail Address \_\_\_\_\_

Church Camper Attends \_\_\_\_\_

### Camper Friend Request

*Maximum two friends no more than one year apart. All must request each other. There is no guarantee for requests.*

1. \_\_\_\_\_ 2. \_\_\_\_\_

Name \_\_\_\_\_  
 Last \_\_\_\_\_  
 First \_\_\_\_\_  
 Camp Use Only \_\_\_\_\_  
 Week \_\_\_\_\_  
 Date Destruction \_\_\_\_\_

**Notify in case parent or guardian cannot be reached: (Not parent or guardian)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_\_) \_\_\_\_\_

**Health Insurance Information**

Medical Insurance Policy Holder \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_  
Medical Insurance Claims Mailing Address \_\_\_\_\_  
Insurance Policy Number \_\_\_\_\_ Group # If Applicable \_\_\_\_\_  
Pre-Admission Telephone Number \_\_\_\_\_

*A signed registration form and an \$80.00 deposit per week is required to register for camp.* Balance is due at check in. Deposit is non-refundable unless cancellation occurs more than two weeks prior to week for which the camper is registered.

Total Amount Enclosed \$ \_\_\_\_\_

**Health and General Information**

*(to be completed by the parent or guardian, if under 18)*

Note: Each camper must be immunized against the following: Polio, Measles, Mumps, Rubella, Diphtheria, Whooping Cough, Tetanus.

Last tetanus vaccine \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle if camper has any of the following: Seizures    Asthma    Ear Trouble    Heart Trouble    Bleeding Disorder    Hay Fever    Diabetes

Does camper have allergic tendencies (I.e. Bee Sting, Penicillin, Poison Ivy, Food, etc.), what is the reaction and what do you do to manage the allergic reaction?

**Food(s)** \_\_\_\_\_

Reaction \_\_\_\_\_

Management of the Reaction \_\_\_\_\_

**Medications** (Example: Penicillin) \_\_\_\_\_

Reaction \_\_\_\_\_

Management of the Reaction \_\_\_\_\_

**Substances** (Examples: Bee Stings, Poison Ivy) \_\_\_\_\_

Reaction \_\_\_\_\_

Management of the Reaction \_\_\_\_\_

Date of last health exam? \_\_\_\_/\_\_\_\_/\_\_\_\_

Does camper have trouble with Enuresis? (Bed-wetting)    Circle One    Yes    No    If yes, send sheets, not sleeping bag.

Does camper have any medical or physical disorders that will be a handicap in camper activities?

\_\_\_\_\_

Is there any other information which you feel we should have about this camper such as an illness, injury or surgery?

**Emotional Health** Circle “Yes” or “No” for each statement.

This camper has a learning disability.....	Yes	No
This camper has been diagnosed with Attention Deficit Disorder (ADD) or ADHD ...	Yes	No
This camper will use medicine during camp for ADD or ADHD .....	Yes	No
This camper has an eating disorder .....	Yes	No
This camper has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder.....	Yes	No
This camper has an emotional health concern.....	Yes	No
This camper has seen or is currently seeing a professional to address a mental/emotional health concerns.....	Yes	No
This camper has verbalized thoughts of hurting themselves .....	Yes	No

If “Yes” was the answer to any question in this section, please give information below which describes the concern and the management plan, including any medication used.

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**Medications (including vitamins & herbs)**

**All medications including vitamins and herbs MUST be sent in the original container with the original label or it will not be given.** Please do NOT send medication in a weekly pill container. DO NOT send non-prescription medication unless taken on a daily basis because it is provided by the camp. Please be prepared to turn in all medication including vitamins and herbs to the nurse during registration.

Name of Medication \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Dosage \_\_\_\_\_

Reason for taking \_\_\_\_\_

Reason for taking \_\_\_\_\_

Time(s) of day taken \_\_\_\_\_

Time(s) of day taken \_\_\_\_\_

Name of Medication \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Dosage \_\_\_\_\_

Reason for taking \_\_\_\_\_

Reason for taking \_\_\_\_\_

Time(s) of day taken \_\_\_\_\_

Time(s) of day taken \_\_\_\_\_

Name of Medication \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Dosage \_\_\_\_\_

Reason for taking \_\_\_\_\_

Reason for taking \_\_\_\_\_

Time(s) of day taken \_\_\_\_\_

Time(s) of day taken \_\_\_\_\_

## **Diet**

Camp Hope kitchen staff prepares a variety of meals composed of the four food groups. We will try to work with any needed camper diet but cannot cater to individual preferences. Those with specific diets will need to bring any needed food requirements with them to camp. Food items will need to be labeled with the camper name and date.

*Please circle the appropriate statement:*

Camper eats a regular diet

Camper is a vegetarian.

Camper is lactose intolerant. (Please bring product such as Lactaid.)

Camper needs a gluten free diet. (Please bring appropriate food items.)

If this is your first time to Camp Hope, where did you hear about us:      \_\_\_Friend \_\_\_Web \_\_\_Church

**I understand a brief health screening will be conducted prior to registration.**

# Parent/Guardian Authorizations, Consents and Releases

**Conduct Code:** While at Camp Hope each camper is responsible to adhere at all times with sound moral principles and all rules and policies of Christian Youth Camp, Inc. (“**Camp Hope**”). The presence, use, or display of tobacco, alcoholic beverages, drugs, improper clothing or expressions of profanity or vulgarity will not be permitted. No cell phones, radios, CD/tape players, TV’s, skateboards. These items will be collected to minimize distraction from the spiritual goals of camp and returned at the end of camp. Any camper who violates camp rules, is disruptive or is not cooperative with the camp program or others in attendance is subject to dismissal and forfeiture of fees.

**Photos:** Camp Hope reserves the right to use any photographs taken at camp in its promotional programs. This includes photos of all campers, staff, and visitors.

**General and Emergency Medical Authorizations:** The undersigned, the parent or legal guardian of the child identified herein, hereby authorize, consent and direct first aid personnel selected by Camp Hope (“**CH Representatives**”) to render reasonable first aid care, including administration of over the counter medication, deemed advisable by such CH Representative and to administer medications provided by the undersigned for my child. In the event any injury or illness is life threatening or in need of emergency treatment, I authorize the CH Representatives to summon any and all professional emergency personnel to attend, transport, and treat my child and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any physician, surgeon, dentist, hospital, or other medical professional or institution selected by, the CH Representative. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the CH Representative in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

**Damages:** I accept full responsibility for and agree to pay any damages my camper may cause.

**Clothing & Personal Articles:** Clothing & other personal articles are the responsibility of the campers. No liability is assumed for personal articles left premises. Lost & found will be donated to a worthy organization two weeks after the closing of each week of camp. For information on *Lost & Found*, contact Camp Hope at 770.536.4787 or camphopega@gmail.com.

**Activities Authorization:** I wish to consent for my minor child, to participate in all activities while at Camp Hope, including, without limitation, the zip line installed at Camp Hope.

**Release:** In consideration of Camp Hope allowing my minor child to participate in such activities, the undersigned, for myself, other family members, my minor child, and our respective heirs, estates, assigns, executors, successors, assigns or legal representatives (each a “Releasing Party”) do hereby irrevocably waive, release, waive and discharge any and all past, present or future claims, demands, and causes of action, including, without limitation, all costs and attorney fees, which the any Releasing Party now has or may in the future have against Christian Youth Camp, Inc., its members, representatives, officers, agents, employees, volunteers and each of them (each a “Released Party”, and sometimes collectively, the “Released Parties”), for any and all past, present or future loss of or damage to property, and/or bodily injury, including death, however caused, resulting from, or arising out of or in any way connected with participation in such activities, including, without limitation, use of the zip line installed at Camp Hope, in each case, whether foreseeable or unforeseeable, and specifically including any such claims which may result from the negligent or other acts or omissions of other participants or any Released Party.

**Hold Harmless/Indemnity:** The undersigned, on behalf of each Releasing Party, covenants not to cause any action at law or in equity to be brought or permit such to be brought in his or her behalf, either directly or indirectly, on account of loss or damage to property and/or bodily injury, including death, against any Released Party however caused, resulting from, arising out of or in any way connected with participation in such activities and each Releasing Party agrees at their sole expense, to indemnify and hold each Released Party harmless from any costs, expenses, including, without limitation, all costs and attorney fees, claims, demands, and causes of action which now or in the future may be asserted against any Released Party arising out of or by reason of participation by such minor child in any activities undertaken while attending Camp Hope, including any injury, loss or damage that might occur at any place in connection therewith.

**Assumption of Risk:** The undersigned, on behalf of each Releasing Party, represents and warrants that he or she (i) is aware of the fact that participation in such activities, even under the safest conditions possible, may be hazardous; that he or she, on behalf of such minor child and each other Releasing Party, assumes the risks of any and all loss of or damage to property and/or bodily injury, including death, however caused, resulting from, arising out of or in any way connected with such minor child’s participation in any such activities, including use of the zip line, (ii) is of legal age, is the parent of and/or legal representative for, the minor child and is competent, and authorized, execute this Agreement on behalf of himself, herself the minor child and each other Releasing Party; and (iii) has read and understands all of the provisions herein contained and acknowledges that by executing this Agreement CERTAIN LEGAL RIGHTS OF SUCH PERSON, THE MINOR CHILD AND EACH OTHER RELEASING PARTY ARE BEING IRREVOCABLY WAIVED, INCLUDING THE RIGHT TO SUE THE RELEASED PARTIES.

I have read the content in the attached Camp Hope brochure and camper is knowledgeable of the content and conduct code. The information recorded on the application form is accurate and complete. The undersigned acknowledges that he/she is the parent or legal guardian of the child identified above and has the legal authority to grant the authorizations, consents and releases above.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18 years of age)

Signature of Camper \_\_\_\_\_ Date: \_\_\_\_\_