

REGISTRATION FORM 2015 HIGH SCHOOL CREW ONLY NEW HOPE CAMP AND CONFERENCE CENTER, INC.

- Signatures are mandatory on authorization and behavior policy sections (page 2)
- Registrations will not be processed without completed application, registration fee (\$75/camp/child), and copy of most recent shot record.
- Forms can be mailed to : Camp Registrar, NHCCC, 4805 NC 86 S, Chapel Hill, NC, 27514 or faxed to 919 942 3266 or emailed to info@newhopeccc.org

CREW INFO	CAMPER NAME		
	<input type="checkbox"/> Male <input type="checkbox"/> Female	GRADE 2015-2016	(mm/dd/yyyy) Date of Birth : / /
	Address		
		City	State Zip
	T-Shirt Size (\$12) <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL Other		
	Church Membership		
	Medical Conditions/Special Needs		
	List all allergies and medications		
	Additional Information on camper		
	<i>If NHCCC will administer any medications you must provide the medication along with a signed letter detailing your instructions. Let us know if there will be any changes to your child's medication.</i>		
PARENT INFO	Parent 1		
	Phone (H)	(W)	(C)
	EMAIL		
	Parent 2		
	Phone (H)	(W)	(C)
	EMAIL		
Who does camper reside with?			
Is there anyone legally restricted from seeing the camper? <i>Please enclose photo if available, labeled with name on back.</i>			
EMERGENCY INFO	For Immediate Questions/Emergencies <i>(check all that apply)</i> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Other <input type="checkbox"/>		
	Of other please provide the following information:		
	Name	Relationship	Phone
	Name	Relationship	Phone
	Name	Relationship	Phone
	Doctor's Name		Phone
	Dentist's Name		Phone
	Health Insurance Carrier		Policy #
Any additional information			
PICK UP	Pick up other than Parents or Guardians:		
	Name	Relationship	Phone
	Name	Relationship	Phone

MANDATORY WEEK SELECTION & OVERNIGHT OPTIONS

ALL SESSIONS	Session 1 <u>June 15-19</u>	Session 2 <u>June 22-26</u>	Session 3 <u>June 30-July 3</u>	Session 4 <u>July 6-10</u>	Session 5 <u>July 13-17</u> <u>M.A.D.D.</u>	Session 6 <u>July 20-24</u>	Session 7 <u>July 27-31</u>	Session 8 <u>Aug 3-7</u>
Crew Name	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Overnight		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	

AUTHORIZATION

I UNDERSTAND THAT CAMP PROGRAMS ARE NOT RISK-FREE. I GIVE PERMISSION FOR MY CHILD TO ATTEND SUMMER CAMP AND PARTICIPATE IN ALL PHASES OF CAMP ACTIVITIES, INCLUDING TRIPS AS RELATED TO CAMP PROGRAM. I UNDERSTAND THAT THE CAMP MAY USE PHOTOGRAPHS AND/OR VIDEOTAPES OF MY CHILD FOR PUBLIC RELATIONS. I UNDERSTAND THAT THE CAMP IS NOT RESPONSIBLE FOR LOSS OF VALUABLES.

I CERTIFY THAT THE INFORMATION HERE IS CORRECT AND GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED IN PRIVATELY OWNED VEHICLES IF NECESSARY FOR APPROVED OUT-OF-CAMP ACTIVITIES OR EMERGENCY TRANSPORT.

FURTHER, I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE CAMP MANAGEMENT TO PROVIDE ROUTINE HEALTH CARE; TO ADMINISTER MEDICATIONS; TO ORDER X-RAYS; ROUTINE TESTS; TREATMENT; TO RELEASE ANY MEDICAL RECORDS NECESSARY AND TO PROVIDE OR ARRANGE NECESSARY RELATED TRANSPORTATION FOR MY CHILD. I UNDERSTAND THAT IN AN EMERGENCY EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY CAMP MANAGEMENT TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA OR SURGERY FOR MY CHILD.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE AGENTS, EMPLOYEES, OFFICERS, AND ENTITIES OF NEW HOPE CAMP AND CONFERENCE CENTER, INC. FROM ANY AND ALL CLAIMS RESULTING FROM INCIDENT, INJURY OR LOSS ASSOCIATED WITH, OR ARISING FROM OUR USE OF THE NEW HOPE CAMP AND CONFERENCE CENTER FACILITY.

Signature of Parent or Guardian: _____

Printed Name _____ Date _____

Behavior Policy Agreement

AS A CAMPER, I UNDERSTAND AND WILL ABIDE BY THE BEHAVIOR POLICY DESCRIBED ON THE CAMP WEBSITE. CAMPERS WHO VIOLATE THIS POLICY MAY EXPECT TO HAVE THEIR PARENTS NOTIFIED, AND FURTHER, MAY BE SENT HOME.

AS A PARENT, I UNDERSTAND THE BEHAVIOR POLICY AND AGREE TO PICK MY CHILD UP PROMPTLY IF SUMMONED BY CAMP MANAGEMENT AS A RESULT OF MY CHILD'S MISBEHAVIOR OR VIOLATION OF RULES AND POLICIES

Camper Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PERSONAL STATEMENT

PLEASE WRITE A FEW SENTENCES ON WHY DO YOU WANT TO BE PART OF OUR SUMMER CAMPING MINISTRY? LIST A LEAST THREE PERSONAL GOALS YOU WANT TO ACCOMPLISH AT CAMP THIS SUMMER.

Check payment method: Check <input type="checkbox"/> Credit Card <input type="checkbox"/> <input type="checkbox"/> Yes – please automatically charge my credit card for each payment due date	OFFICE USE
Signature _____ Date _____	Date Received _____
Print Name _____	Discount _____
MC <input type="checkbox"/> Visa <input type="checkbox"/> # _____	T-shirt _____
Exp. Date _____ CVV # _____ Amount to be charged \$ _____	Amount Paid _____