



NEW HOPE CAMP & CONFERENCE CENTER, INC.

SUMMER CAMP REGISTRATION FORM 2017

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 emailed to info@newhopeccc.org

TEL # 919-942-4716

THIS IS NOT THE APPLICATION FOR THE HIGH SCHOOL CREW – PLEASE GO ONLINE WWW.NEWHOPECCC.ORG TO COMPLETE THIS FORM

FAMILY INFORMATION

PARENT/GUARDIAN 1 LAST NAME		PARENT/GUARDIAN 1 FIRST NAME	
ADDRESS		CITY	STATE ZIP
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL
PARENT/GUARDIAN 1 LAST NAME		PARENT/GUARDIAN 2 FIRST NAME	
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL
WHAT IS YOUR RELATIONSHIP TO THE CAMPER?		WHERE DOES THE CAMPER RESIDE?	
IS THERE ANYONE LEGALLY RESTRICTED FROM SEEING YOUR CAMPER?		YES	NO
ADDITIONAL INFORMATION			
CHURCH MEMBERSHIP			

CAMPER INFORMATION

LAST NAME	FIRST NAME
DATE OF BIRTH	RISING GRADE
GENDER	

MEDICAL INFORMATION

FOOD ALLERGIES	
DRUG ALLERGIES	
ENVIRONMENTAL ALLERGIES	

HEALTH INSURANCE

INSURANCE NAME	POLICY #
PHYSICIAN NAME	PHONE
DENTIST NAME	PHONE

EMERGENCY AND PICK UP

EMERGENCY CONTACT NAME	PHONE
1.	
2.	
AUTHORIZED PICK UP NAME (IN ADDITION TO PARENTS)	PHONE

CAMP SELECTION: ALL SESSIONS HAVE DAY CAMPS OFFERED FOR ALL AGE GROUPS

SESSION	Session 1 June 12-16	Session 2 June 19-23	Session 3 June 26-30	Session 4 July 5-7 (3 day wk)	Session 5 July 10-14	Session 6 July 17-21	Session 7 July 24-28	Session 8 July 31- Aug 4	Session 9 Aug 7-11
DAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERNIGHT 4TH-9TH GRADE			<input type="checkbox"/>				<input type="checkbox"/>		

M.A.D.D. SESSION 5 JULY 10-14 – SELECT HALF OR FULL DAY OPTION. SELECT TYPE OF CAMP – ONLY ONE.

	GRADE RISING 4TH – 9TH ONLY	ART	DANCE	DRAMA
½ DAY <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FULL DAY <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

T-SHIRT REQUEST - \$ 12

YES NO **SELECT SIZE** YM YL AS AM AL AXL OTHER

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.

AS A PARENT, I UNDERSTAND THE BEHAVIOR POLICY AND RECOGNIZE THAT I WILL BE NOTIFIED BY THE CAMP DIRECTOR IF NECESSARY AS A RESULT OF MY CHILD'S MISBEHAVIOR OR VIOLATION OF RULES AND POLICIES.

Camper Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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