



SUMMER CAMP REGISTRATION 2018



Additional Information

Home Church and City _____

Bunkmate Request (Limit of 2) Name of requested bunkmate must exactly match how the requested bunkmate registered and both campers must be in the same camp. (Ex: Sue Miller will not match with Susan Miller) **No requests or changes guaranteed within one week of camp arrival!**

1. _____

2. _____

Siblings: Number Attending Camp _____

Names: _____

T-Shirt Size (Circle) Child S M L Adult S M L XL XXL XXXL
(Free T-shirt - sizes are final)

Early Bird Discount: Hidden Acres will credit your account for \$20, if registration is received in our office by March 31st.

Camper Name _____

Address _____

City _____

State _____ Zip _____

Parents/Guardian Name _____

Home Phone (____) _____ - _____

Parent/Guardian Cell Phone (____) _____ - _____

Parent/Guardian Email _____

Camper Birth Date ____/____/____
Month Day Year

Emergency Contacts

Emergency Contact #1 (NOT A Parent/Guardian) *An attempt will be made to contact parents first.*

Name _____

Phone Number(____) _____ - _____

Emergency Contact #2 (NOT A Parent/Guardian)

Name _____

Phone Number(____) _____ - _____

Camp Registration

Circle One: **Boy** **Girl** Grade Entering Fall 2018 _____

Camp Attending _____
(Be specific! Ex: Junior Residential, WIT I)

Cost of Camp \$ _____

Date of Camp Attending _____ - _____
(Ex: 6/10 - 6/15)

Payment Information

Payment enclosed \$ _____
(**\$85.00 non-refundable minimum deposit required**)

Check # _____

Credit Card # _____ - _____ - _____

Exp. ____/____ CVS 3 -digit # _____
(Located on back of card)

Please circle one: Visa Mastercard Discover

Signature _____

Church Voucher (check one):

- _____ Enclosed
- _____ Will Send or Bring
- _____ N/A

(Voucher must be received at or before check-in!
Parent/guardian will be expected to pay any remaining balance at check-in.)

For more summer camp info or to register online, go to www.hacamps.org



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Page 2

Camper Name _____

Medical Information

Insurance Company _____

Policy Holder's Name _____

Policy # or SSN _____

Please attach a copy of your insurance card

Check box if you feel your child requires an extra counselor in their cabin (not guaranteed) and explain why in the Special Needs section below.

May over the counter medications be given? Yes / No
(Circle One)

Tetanus shot date _____ / _____
Month Year

Camper Allergies _____

Special Diet _____

Special Needs _____

All medicine must be brought in original container along with a clean empty weekly pill organizer. Additional medication/health information may be found online at www.hacamps.org.

If your child is in Fishing, Jr High Wilderness, Culinary Camp, Cross Country, Advanced Wilderness, Rough Riders or Timothy Team, do you give permission for your child to leave Hidden Acres as part of the camp experience?

YES or NO _____
(Please circle one) Parent/Guardian Signature

Please Read and Sign

I acknowledge that participation in camp activities involves risk to my Camper (and to Camper's parents or guardians, if Camper is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in camp activities, the Camper (or parent/guardian if Camper is a minor) acknowledges and accepts the risks of injury associated with participation in camp activities as well as transportation to activities, if applicable. The Camper (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during camp or during transportation to activities, if applicable, as well as for any medical treatment rendered to the Camper that is authorized by Hidden Acres or its employees, volunteers or any other representatives (collectively, referred to hereinafter as "Hidden Acres Christian Center"). Further, the Camper (or parent/guardian) releases and promises to indemnify, defend and hold harmless Hidden Acres Christian Center for any injury arising directly or indirectly out of camp activities as well as transportation to activities, if applicable, whether such injury arises out of the negligence of Hidden Acres Christian Center, the Camper, or otherwise.

Media Statement: I hereby grant permission to Hidden Acres to record, by videotape, photograph, or other means of reproduction, the voice, image, and physical likeness of my camper and to use any such recorded material for promotional and marketing purposes, such as printed brochures, social media websites, Hidden Acres' website and other forms of electronic publications, without further consent or compensation.

Do you agree to the media statement above?
___ Yes ___ No

If you are in agreement with and understand the statements above, please sign below. If you do not sign below, your registration will be considered null and void, it will not be accepted by Hidden Acres Christian Center, your payment will be returned, and your camper will not be registered for summer camp.

Parent/Guardian Signature

Mail to: Hidden Acres Christian Center
3837 Union Ave, Dayton IA 50530
Fax to (515) 547-2752
Email: judy.swanson@hacamps.org