

Heavenly Hills Christian Camp  
P.O. Box 1628  
Twain Harte, CA 95383

## 2006 SUMMER CAMP REGISTRATION

Fill out **BOTH** sides of this form and sign.  
Each child must have a separate form.  
**Incomplete forms will be returned.**

**All registrations must include a minimum \$40 nonrefundable, nontransferable deposit.**

May 15<sup>th</sup> -- Postmark date for Early Bird Registrations. Total fee: \$232 (Beginners Camp \$116)

June 5<sup>th</sup> -- Postmark date for Regular Registrations. Total fee: \$252 (Beginners Camp \$126)

After June 5<sup>th</sup> -- Total fee: \$272 (Beginners Camp \$136)

**MAIL REGISTRATION AND DEPOSIT BY JUNE 5<sup>TH</sup> TO RECEIVE A FREE T-SHIRT!**

Check t-shirt size: Child M L Adult S M L XL XXL

### CHECK THE WEEK OF CAMP

**Beginners & Juniors may be enrolled by either grade in Fall '06 or age at time of camp.**

**Campers must register for appropriate camp and register for only one week.**

- Beginners Camp (entering 2<sup>nd</sup> & 3<sup>rd</sup> or ages 7-8) – June 25<sup>th</sup>-28<sup>th</sup>
- Junior Camp (entering 4<sup>th</sup>, 5<sup>th</sup>, & 6<sup>th</sup> or ages 9-11) – July 16<sup>th</sup>-22<sup>nd</sup>
- Middle School Camp (entering 6<sup>th</sup>, 7<sup>th</sup>, & 8<sup>th</sup>) – July 9<sup>th</sup>-15<sup>th</sup>
- High School Camp (includes '06 graduates) – July 23<sup>rd</sup>-29<sup>th</sup>

Check-in begins at 4:00 p.m. Sunday and camp ends at 11:00 a.m. on Saturday (11:00 on Wednesday for Beginners). Campers must be picked up on time. A late pickup fee of \$10 per hour (and/or fraction thereof for any partial hour) per child will be charged.

Camper's Name \_\_\_\_\_ Male Female  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_  
Camper's E-mail (optional) \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade entering in Fall 2006 \_\_\_\_  
  
Church Name \_\_\_\_\_ City \_\_\_\_\_  
Pastor's Name \_\_\_\_\_  
Has camper been immersed? Yes No

### FOR OFFICE USE ONLY

Date Postmarked: \_\_\_\_\_ Registration Completed: Yes No  
Payments Received  
Deposit Amt: \$ \_\_\_\_\_ Check No.: \_\_\_\_\_ Balance Due: \_\_\_\_\_  
Payment: \$ \_\_\_\_\_ Check No.: \_\_\_\_\_ Balance Due: \_\_\_\_\_  
Payment: \$ \_\_\_\_\_ Check No.: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Select the payment plan you will use:

- Full amount with the registration form
- Deposit with registration form; balance due at beginning of camp
- Installments made at parents' convenience; balance due at beginning of camp  
*If child does not attend camp, all monies except \$40 deposit will be refunded.*

***E-mail address is optional—include it if you want to receive newsletters, etc. by e-mail instead of regular mail.***

Parent or Guardian's Name \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_  
E-Mail \_\_\_\_\_  
  
Emergency Contact Information:  
Name \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

***All campers must be signed out by the person responsible for his/her transportation home. Please list the name(s) of authorized individual(s) and their relationship to the camper. Camp Office must be notified of any changes. Camper will be released only to authorized individual(s).***

Comments \_\_\_\_\_

**CONTINUED ON OTHER SIDE**

## HEALTH HISTORY, PHYSICIAN INFORMATION, RELEASES AND AGREEMENTS

<b>INSURANCE AND PHYSICIAN INFORMATION</b>	
<b>CAMPERS ARE RESPONSIBLE FOR THEIR OWN MEDICAL COVERAGE</b>	
Insurance Company _____	Policy No. _____
Insurance Billing Address _____	
Camper's current physician _____	Phone _____
Camper's current dentist _____	Phone _____
Has camper been exposed to any communicable diseases in the past 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Previous hospitalization/surgeries _____	
Medical treatment/Medications to be continued at camp (note: prescription drugs must be sent in original container showing doctor's instructions) _____	
Does camper have limitation of activities by physician's advice? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	
Other information _____	

<b>HEALTH HISTORY</b>	
My child has or has had the following: (Give approximate dates where necessary)	
<b>Allergies:</b>	<b>Diseases:</b>
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Oak, Ivy Poisoning, etc.	<input type="checkbox"/> Measles
<input type="checkbox"/> Insect stings	<input type="checkbox"/> German measles
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Mumps
<input type="checkbox"/> Other drugs	
<input type="checkbox"/> Asthma	<b>Other:</b>
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Frequent Ear Infection
<b>Neuro/Psychological:</b>	<input type="checkbox"/> Heart Defect/Disease
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Concussion	<input type="checkbox"/> Bleeding/Clotting Disorder
<input type="checkbox"/> Counseling	<input type="checkbox"/> Mononucleosis

<b>IMMUNIZATION HISTORY</b>	
Please provide dates (month/year) of ALL immunizations or a copy of the camper's complete immunization record. Please do not write "up to date." If you have elected not to immunize, please provide a signed written statement.	
<b>Vaccines</b>	
Diphtheria, Pertussis, Tetanus (DT, DTaP, Td or Tetanus)	_____
Polio (OPV or IPV)	_____
MMR: Measles/Mumps/Rubella	_____
Hepatitis B	_____
Haemophilus Influenza (HIB)	_____
Chicken Pox	_____
Tuberculin test given	_____ (most recent)

**RELEASES**

**Medical Release:** This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. In case of emergency, if I cannot be contacted, I hereby give permission to the physician selected by Heavenly Hills, to hospitalize, secure proper treatment for and to order injection, anesthesia, x-rays, routine tests, treatment, transporting of child, surgery and to release reports necessary for insurance purposes for my child. It is understood that every effort will be made to contact me.

**Liability Release:** I release Heavenly Hills Christian Camp, including its trustees, employees and agents from my child's physical injury, including death, or illness while at camp, including any Heavenly Hills' sponsored travel to and from camp. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

**Off Camp Release:** The camper has my permission to be transported for medical care or to participate in programs conducted off the Heavenly Hills grounds. It is understood that these programs are fully supervised by qualified camp staff.

**Publicity Release:** I hereby grant permission to Heavenly Hills to photograph the camper during camp activities and to use the photographs in Heavenly Hills audio-visual and printed materials without compensation or approval rights.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_  
(For Releases and Agreements)

**AGREEMENTS**

I willingly agree to pay for any and all damage to camp facilities, property and personal property or belongings of any Heavenly Hills camper and staff member caused by my child negligently, willfully, or otherwise.

If my child willfully disobeys camp rules and policies, or becomes a discipline problem in any way, the director has the authority to send him/her home. It is my responsibility to immediately arrange for transportation. While waiting for transportation, camper will be kept separated from other campers. If a camper is sent home under these conditions, no part of the camp fee will be refunded.