

HANGING ROCK CHRISTIAN ASSEMBLY, INC.  
2017 SUMMER CAMP PAPER REGISTRATION FORM  
JOY Camp

REGISTER ONLINE AT WWW.HANGINGROCK.ORG

Register only one camper per form. You can register camper for multiple camp sessions on this form.  
Full registration fees must be paid to receive early bird discount.

Mail Registration Form and fees **before the end date** to: HRCA, P.O. Box 218, West Lebanon, IN 47991-0218

**Camper Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Camper Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (MM/DD/YYYY format) Age: \_\_\_\_\_

Male  Female School Grade (or Adult) in the FALL SEMESTER: \_\_\_\_\_

Camper Resides with: \_\_\_\_\_

Has camper been baptized by immersion?  Yes  No Home Church Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Minister Signature \_\_\_\_\_  
(only needed if church is paying full or partial fees)

**Required for Campers entering 3rd Grade and Up:** "I understand that the main purpose of this camp is to help me (my child) grow spiritually and that the rules of the camp are based on the Christian value system. I have read the rules (located in the booklet or online) and agree to cooperate fully."

Yes  No

**Guardian Information**

First & Last Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email (Must be a valid working email): \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (Must be different than guardian)**

First & Last Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Camp Session:**

JOY Camp– July 28-30 \$150.00

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## **HEALTH INFORMATION**

### **Food Allergies:**

Any known food allergies?     Yes     No    If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Special Food Tray Needs:     Chopped     Mechanical Soft     Pureed

### **Medical Information:**

**Please provide the camp with a complete hard copy list of all medications to be taken as well as a schedule of when they are to be taken each day.**

	Asthma		ADD/ADHD		Active Infections		Blood Clotting Disorder
	Heart Disease		Epilepsy or Seizures		Hepatitis		Diabetes

Please check the white box if the camper has any of the following:

List Medication Allergies: \_\_\_\_\_

List Other Allergies: \_\_\_\_\_

Please explain or give written documentation for any medical condition not listed above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name & Phone: \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

**Please note: any camper with an above normal temperature will be sent home.**

I, having the authority to consent for the minor's health care (being a parent or legal guardian), do hereby delegate my authority to Consent to said minor's care (named on this card) to HRCA. I grant permission for the caregiver to request and authorize in writing or as otherwise requested by any hospital, or by any physician licensed to practice medi-

Yes     No "This camper may be given over-the-counter medications as deemed necessary by the JOY camp nurses, according to protocol, for comfort measures." (Aspirin will NOT be given)

Exceptions: \_\_\_\_\_ Weight of camper (for dosage) \_\_\_\_\_

... cine, any and all examinations, medical treatments, and/or procedures to or for the benefit of the minor, either on or off the premises of the hospital, as may be deemed advisable or appropriate by any physician licensed to practice medicine. I understand however that every effort will be made to contact me in case of such emergency and if possible, before any such medical treatment is administered. My camper's medical information may be shared with appropriate personnel including but not limited to camp staff, programs directors, camp nurses, EMS personnel. Or other medical personnel as deemed medically necessary.

**CAMPER/ GUARDIAN SIGNATURE:** \_\_\_\_\_ **Printed CAMPER/ GUARDIAN NAME:** \_\_\_\_\_

### **Recreation Activity and Photograph Permission**

I **GIVE** permission for this camper to participate in all planned activities.     I Give Permission

I DO NOT Give Permission

I **GIVE** Hanging Rock permission to use photos and video of this camper taken at camp in promotional materials.     I Give Permission

I DO NOT Give Permission

**Camper/ Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_