

Hanging Rock Christian Assembly, Inc. 2012 Camp Registration Form

ONLINE REGISTRATION AVAILABLE AT
WWW.HANGINGROCK.ORG

Full registration fees must be paid to receive early bird discounts.

Mail registration form and fees to: HRCA, P.O. Box 218 West Lebanon, IN 47991

Camper information

Camper Last Name: _____

First Name: _____ Middle initial _____ Male Female

Camper Address: _____

City: _____ State _____ Zip _____

Home phone: _____

Date of Birth ____/____/____ Age _____ Grade in Fall _____

Has camper been baptized by immersion? yes no

Member/Attends what church? _____

Minister Signature/Church _____
(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 grow spiritually and that the rules of the camp are based on the Christian value system. I have read the rules (on poster or online) and agree to cooperate fully."

Signature of Camper: _____ Date: ____/____/____

Information on who camper Resides with:

Mother's/Female's First and Last Name _____

Relationship to camper: _____

Emergency phone number(s) _____

Father's/Male's First and Last Name _____

Relationship to camper: _____

Emergency phone number(s) _____

Parents are: Married Divorced Separated Single Widowed

Additional alternate emergency phone number _____

For Whom? _____ Relationship _____

Email address for parent/guardian: _____

Health Information Form

The following information must be filled out **COMPLETELY**
and signed by a parent. Please complete **BOTH SIDES**.

Health Record for

Camper's name: _____

Date of Birth ____/____/____ Age _____

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 medicine, 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. I accept primary responsibility of medical coverage while my child is participating in camp session. I will not hold Hanging Rock Christian Camp or its staff members, management, or officers liable for accidents caused by negligence or disobedience on the part of my child. I hereby give permission for any photos or video to be taken during camp to be used for promotional materials.

PARENT/GUARDIAN SIGNATURE Printed PARENT/ GUARDIAN NAME

Home phone _____ Work phone _____ Cell phone _____

Emergency Contact Name & Phone (other than parent/guardian) _____

Health Insurance Information-Insurance Company Name _____

Group Number _____ **Insured's number** _____

Insured's Name _____ **Insured's date of birth** ____/____/____

Family Physician _____ **Physician's phone** _____

Yes No "My child may be given over-the-counter medications as deemed necessary by the camp First-Aid Attendant, according to protocol, for comfort measures." (Aspirin will NOT be given)
Exceptions: _____ Weight of camper (for dosage) _____

Immunization Record: Check boxes for up to date **Vaccinations** as required by Indiana law for school entry.

Diphtheria-Tetanus-Pertussis Series (DTP) Hepatitis B Series Polio Series
 Varicella (or had "Chicken pox") Measles-Mumps-Rubella (MMR)

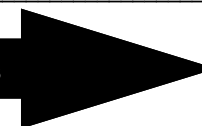
Required-Date of Last Tetanus Booster ____/____/____

Optional: Any recent life changes that we should be aware of? (death in family, divorce, etc.)

Please complete information on both sides



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Continued Health Information

Allergies: Please list any food, medication, insect, or other allergies (not seasonal allergies, pollens, trees, mild reactions to stings, etc.) and describe the **Reaction and management of the reaction.** Please list only allergies that cause severe stomach or behavioral problems, rashes, hives, or breathing problems.

Allergy: _____ Reaction/management _____

Allergy: _____ Reaction/management _____

Allergy: _____ Reaction/management _____

If your camper has severe food allergies, please contact our office to provide more specific information .

Medications: Please list ALL medications (over-the-counter, herbal, or prescription) taken routinely. Bring enough to last the entire time at camp. **You MUST keep medication in the original packaging/bottle that identifies the prescribing physician (if prescription), name of medicine, dosage, & frequency (state law!) or it will not be accepted. All meds must be given to the nurse.**

This camper currently takes no medication regularly.

Medication _____ Dosage _____ Taking for _____

Medication _____ Dosage _____ Taking for _____

Medication _____ Dosage _____ Taking for _____

Medication _____ Dosage _____ Taking for _____

Medical conditions or history to be aware of and please describe:

Nothing checked indicates the camper has no medical condition and is capable of full participation

Heart disease _____

ADD/ADHD _____

Asthma or TB _____

Epilepsy _____

Active infections _____

Hepatitis _____

Clotting disorder _____

Seizures _____

Diabetes _____

Is camper currently under physicians care _____

Surgery in the last year _____

Other _____

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

Is it Signed? Your registration can not be processed without a Parent/Guardian & Camper signature!



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Please Check All Programs Attending

Pricing information is on included poster or at www.hangingrock.org

Preschool & Kindergarten

- Day Camp 1- June 14
- Day Camp 2- June 30

1st-6th Graders

- Mother/Daughter Residential - June 14-16
- Father/Son Wilderness Camp - July 19-21

1st & 2nd Graders

- Super Saturday - June 16
- 1st & 2nd Grade Overnight - July 13-14

3rd & 4th Graders

- Residential 1 - June 10-12
- Residential 2 - July 1-3
- Wilderness 1 - June 15-16
- Wilderness 2 - July 27-28

5th & 6th Graders

- Residential - July 8-12
- Wilderness - June 24-26
- "Girls Only" Wilderness - July 1-3
- Horse Camp 1 - July 8-10
- Horse Camp 2 - July 12-14
- Paintball Camp - July 15-17

6th - 8th Graders

- Residential 1 - June 17-22
- Residential 2 - July 15-20

Family Fishing Camp

- June 22-23

****Each person needs a registration form for Family Fishing Camp, 1st/2nd grade Overnight, Mother/Daughter, and Father/Son Wilderness camps**

7th & 8th Graders

- Jr. High Paintball - June 10-14
- Wilderness 1 - June 27-30
- Wilderness 2 - July 8-12
- Jr. High Horse Camp - July 22-26

9th - 13th Grades

- High School Camp - June 24-29
- High School Paintball - June 17-21
- High School Horse Camp - July 15-20

5th - 8th Graders

- Sports Camp - July 22-26
 - Baseball
 - Tennis
 - Girls Basketball
 - Boys Basketball
 - Soccer
 - Volleyball
 - Golf
 - Football
 - Cheerleading

7th - 12th Graders

- Mountain Bike Adventure -July 29-Aug. 3

10th - 13th Graders

- Wilderness Adventure - June 3-8

Handi-Camp (all ages)

- July 27-29

Registration Fee(s) due	\$ _____
Amount Enclosed	\$ _____
Method of Payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MC/Visa/Discover/American Express
For Credit Cards: Amount \$	_____ Name on Card _____
CC #.	_____ Exp date ____/____/____ CCV _____ <small>(3 digits on back)</small>
CC Billing Address & Zip Code	_____