

# 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!**

# Please Check All Programs Attending



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**Preschool**

Day Camp - February 10th  
 \$10.00 by 1/30/12  
 \$15.00 by 2/09/12  
 \$15.00 at the door

**6th-8th Graders**

Twelve - January 20th-22nd  
 \$40.00 by 1/09/12  
 \$45.00 by 1/19/12  
 \$50.00 at the door

**Kindergarten– 3rd Graders**

Ice Breakers - February 11th  
 \$15.00 by 1/30/12  
 \$20.00 by 2/10/12  
 \$25.00 at the door

**9th-12th Graders**

Ruminant - February 17th-19th  
 \$40.00 by 2/06/12  
 \$45.00 by 2/16/12  
 \$50.00 at the door

**4th-6th Graders**

Winter Youth Retreat  
 \$30.00 by 1/23/12  
 \$35.00 by 2/02/12  
 \$40.00 at the door

**Please visit [www.hangingrock.org](http://www.hangingrock.org) for more information about each camp session and to download a packing list.**

Registration Fee(s) due \$ \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Method of Payment:  Cash  Check  MC/Visa/Discover/American Express

For Credit Cards: Amount \$ \_\_\_\_\_ Name on Card \_\_\_\_\_

CC #. \_\_\_\_\_ Exp date \_\_\_\_/\_\_\_\_/\_\_\_\_ CCV \_\_\_\_\_  
(3 digits on back)

CC Billing Address & Zip Code \_\_\_\_\_