

# **- CAMP HOPE 2011 REGISTRATION -**

**Mail the completed registration form to:**

Camp Hope Registration  
9491 Stewarton Ct.  
Sacramento, CA 95829

**Or email a scanned copy of the form to:**

joshkim@gmail.com

**Please send all registration forms by July 10th, 2011. There are no registration charges or fees to attend Camp Hope. If you have any questions or have concerns about sending registration late, please call Josh Kim at (916) 281-6132. Photocopies of this form are accepted.**

**PLEASE PRINT CLEARLY AND FILL OUT AS MUCH AS POSSIBLE**

Name of Camper: \_\_\_\_\_ Gender:  M  F

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State (or Country if outside USA): \_\_\_\_\_

Zip Code: \_\_\_\_\_ Birth Date (MM/DD/YYYY): \_\_\_\_\_

Phone Number (with area code): (\_\_\_\_\_) \_\_\_\_\_  Home  Cell  Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Will you be attending alone? (check at least one)  Alone  With Family  With Friends

Home Church (Name and City): \_\_\_\_\_

**If you are attending with family, please give information below. For non-family members, please fill out a separate registration.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  M  F

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  M  F

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  M  F

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  M  F

**If you need more room, use the back of this registration form. Include name, age, and relationship with person at the top.**

**We encourage you to stay at Camp Hope the entire time! Please check off the days you will be attending:**

Wednesday (7/27)  Thursday (7/28)  Friday (7/29)  Saturday (7/30)

*Does your family/spouse/child(ren) require special amenities or accommodations? Is there any other information you would like us to know about? This includes being assigned to the same cabins, given special needs accommodations, etc. Please note that children older than 8 years are assigned to counselors and group cabins with others their own age (unless specifically noted here):*

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We like to send confirmation of registration to those attending. How would you like us to confirm we received and processed your registration?  Email  Mailing to Address

**I hereby acknowledge and confirm that the information given above is true and accurate to the best of my abilities (Please print and sign):**

**Print Name and Signature (or Guardian's if under 18):** \_\_\_\_\_

# **- CAMP HOPE MEDICAL INFORMATION FORM -**

*This form is only necessary if your child is under 18 years and you WILL NOT be attending camp with them.*

## **Emergency Information:**

Parent or Guardian's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**IN CASE OF A MEDICAL EMERGENCY**, I understand that every effort will be made to contact a responsible parent or guardian of the camper. In the even that contact cannot be made, I hereby give permission to a camp director and the physician they may select to secure proper treatment for, to hospitalize, and to order such injections, anesthesia or operations as may be urgently necessary for this child. In the even of a claim, family insurance (if any) may be liable.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Camper's Health Information:**

To the best of my knowledge, this child is healthy and fit for an active camp program:

Yes  No, please explain: \_\_\_\_\_

Immunizations: Are they current and up-to-date?  Yes  No

Date of last Tetanus shot: \_\_\_\_\_ Regular medications: \_\_\_\_\_

*All prescriptions and over the counter medications must be clearly labeled in the original container and turned in.*

Activity restrictions:

\_\_\_\_\_ This child is currently experiencing or has recently had problems with:

ADD/ADHD  Allergies  Asthma/Inhaler (My child may keep the inhaler to use as needed:  Yes  No)

Bed Wetting  Bee Stings  Medicines  Penicillin  Restricted Diet  Sleep Walking

Others (Please Specify): \_\_\_\_\_

*I understand that standard over the counter medications may be used for common symptoms and have listed above any that should be avoided. I authorize Camp Hope's Health Supervisor or other representative to dispense prescription and over the counter medication as needed.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Consent:**

*I have read and understand all the information given on this page. I hereby give permission for the above child to attend Camp sponsored by the Silica Bible Chapel and to participate in all activities. I will not hold the Silica Bible Chapel or its agents liable for injury caused by common accident, illness or the rendering of emergency care. I give permission for this child to participate in any off-site activities during the camp and to be transported to and from any off-site activities, including emergency situations (if any) by authorized vehicles.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_