

- CAMP HOPE 2012 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 June 30th, 2012. 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

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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 (7/11) Thursday (7/12) Friday (7/13) Saturday (7/14)

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):

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 name and sign. Typing your name into the form constitutes a binding signature and may be used instead.):

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:** _____