

REGISTRATION & HEALTH FORM HORTON HAVEN CHRISTIAN CAMP

PLEASE PRINT. THIS FORM IS TO BE LEGIBLY COMPLETED BY A PARENT OR GUARDIAN. USE BALL POINT PEN.

SECTION I. EVERYONE must fill out Section I even if you registered online!

Camper Name _____ Age _____ Male/Female Date of Birth ____/____/____

E-mail _____ Grade (completed in June) _____ Church Group _____

First Parent or Guardian _____ Home Phone (____) _____

Relationship to camper (circle one) legal parent legal guardian other: _____

Address _____ City _____ State _____ Zip _____

Work Phone (____) _____ Cellular Phone (____) _____ Pager _____

Second Parent or Guardian _____ Home Phone (____) _____

Relationship to camper (circle one) legal parent legal guardian other: _____

Work Phone (____) _____ Cellular Phone (____) _____ Pager _____

Name of Custodial Parent(s) _____

If above are not available in an emergency, notify _____ Relationship _____

Home Phone (____) _____ Work Phone (____) _____ Cellular Phone (____) _____

Horton Haven Christian Camp reserves the right to use any photographs taken at camp in its promotional programs, this includes photos of all campers, staff, and visitors. As a camper at Horton Haven Christian Camp your child may be involved in activities such as canoeing, swimming, horseback riding, high adventure area, rappelling, and other camp activities. As you acknowledge, these activities have inherent dangers that no amount of care, caution, instruction or expertise can eliminate. Upon recognition of the nature of the activities, by signature below, you assume the risk and release and discharge Horton Haven Christian Camp, and its directors, employees, staff, and agents from liability. Your covenant with them that you will never, individually or as legal guardians of participating individuals, institute any action at law or in equity for any personal injuries to property, real or personal, caused by, or arising out of activities on behalf of or sponsored by Horton Haven Christian Camp based on your child's participation. You further agree to indemnify and hold Horton Haven Christian Camp harmless against any and all costs, damages, and expenses which may be incurred by them as a result of any claim you may make, action you take against the camp, or lawsuit you might file against them. I have seen, read, agree, and do hereby release Horton Haven Christian Camp to the above.

Camper's Signature _____ Date: _____/_____/_____

Parent or Guardian Signature _____ Date: _____/_____/_____

SECTION II. Online Registrants and Adult Staff skip to Section III.

Please check the camp you plan to attend.

- | | |
|---|--|
| <input type="checkbox"/> Senior Teen\$185 June 6-11 | <input type="checkbox"/> Early Teen 2.....\$185 July 25-30 |
| <input type="checkbox"/> SIT Camp.....\$70 June 13-18 | <input type="checkbox"/> Junior 5\$185 August 1-6 |
| <input type="checkbox"/> Junior 1\$185 June 20-25 | Day Camps - \$100 |
| <input type="checkbox"/> Junior 2\$185 June 27-July 2 | <input type="checkbox"/> Round Up..... June 28-July 2 |
| <input type="checkbox"/> Junior 3\$185 July 4-9 | <input type="checkbox"/> Saddle Up..... July 5-9 |
| <input type="checkbox"/> Early Teen 1.....\$185 July 11-16 | <input type="checkbox"/> Stampede..... July 19-23 |
| <input type="checkbox"/> Junior 4\$185 July 18-23 | |

Cabin Mate Request

Two friends, no more than 2 years age difference. All must request each other or no guarantee.

1. _____ 2. _____

Camp T-Shirts:

Send \$12.00 per T-shirt with Registration Form:

Size: Youth: medium (10-12) large (14-16)

Adult: small

medium

large

extra large

Horseback Riding (30 minute corral ride):

Send \$10 per ride with Registration Form:

Fee is non-refundable. Limit 2 rides per week.

1 ride

2 rides

*If you would like to donate money to the scholarship fund which assists campers who need financial help please indicate amount below.

Camp Fee Calculator

Fee for week of camp	\$
Horseback riding	+ \$
T-Shirt	+ \$
Snack Bar	+ \$
Donation to scholarship fund	+ \$
Discounts: <input type="checkbox"/> New Camper <input type="checkbox"/> Early Bird <input type="checkbox"/> Sibling	- \$
Total Due	\$
Amount Paid	- \$
Balance Due	\$

**All Fees Must Be Paid In Full 2 Weeks
Prior To Your Week Of Camp**

Make checks payable to:

Horton Haven, Inc.

Mail this COMPLETED form to:

Horton Haven

PO Box 276

Chapel Hill, TN 37034

Name _____

LAST _____

FIRST _____

Camp Attending _____

Cabin _____

Year _____

CAMP USE ONLY

SECTION III.

The following information will be used to (a) Tell kitchen staff about diet needs; (b) Educate cabin leaders and directing staff about camper needs; and (c) Provide healthcare staff with background about your child.

Receiving adequate information prior to your child's arrival is crucial to our ability to provide a positive camp experience.

HEALTH HISTORY: Date of last health exam: _____/_____/_____

Physician's Name _____ City _____ Phone (____) _____

Is camper under a physician's care for a medical or psychological concern? Yes No (Circle)

If YES, please explain: _____

ALLERGIES: Check all that apply.

- This camper has no known allergies.
- This camper is allergic to the following **food(s)** _____. This causes anaphylaxis? Yes No
Describe the reaction if this food is eaten and what is done to manage it: _____
- This camper is allergic to the following **medication(s)** _____. This causes anaphylaxis? Yes No
Describe the reaction if this medication is taken and what is done to manage it: _____
- This camper is allergic to the following **substance(s)** _____. This causes anaphylaxis? Yes No
Describe the reaction and what is done to manage it: _____

DIET: Check all that apply. Note that kitchen staff prepare a variety of healthy foods from each food group at meal times. We can work effectively with most medically prescribed diets but cannot cater to individual preferences. Those with specific diet needs may be asked to bring food choices from home to complete their nutritional needs at camp.

Please call if you have questions about diet.

- This camper eats a regular, varied diet and is prepared to eat foods from all food groups.
- This camper is a vegetarian.
- This camper is lactose-intolerant. Check one:
 - This camper uses a product like Lactaid and/or can self-manage the intolerance.
 - This camper needs a lactose-free diet that includes no lactose in baked items (ex: breads, cookies, cakes).

HEALTH CONCERNS: Check all that apply. Explain and provide treatment needed for each item checked.

- This camper has no health concerns and is capable of full participation in this program.
- This camper has the following health concern(s):
 - Asthma
 - Menstrual cramps
 - Heart defects/disease
 - Other (please describe) _____
 - Migraines
 - Frequent ear infections
 - Seizures
 - Diabetes
 - Frequent colds
 - Bleeding disorder
 - Sleepwalking
 - Bed-wetting

Please explain and provide information including treatment for each item checked: _____

MEDICATION: Provide complete information.

All medications including vitamins and herbs MUST be sent in the original container with original label or it will not be given. DO NOT send non prescription medication unless taken on a daily basis, because it is provided by the camp. Please be prepared to turn in all medication including vitamins and herbs to the nurse upon arrival.

- This camper does not take any medication on a daily basis.
- This camper uses the following medication (including vitamins/herbs):

Name of medication _____ Name of medication _____

Reason for taking _____ Reason for taking _____

Dose taken _____ Dose taken _____

Time(s) of day taken _____ Time(s) of day taken _____

Name of medication _____ Name of medication _____

Reason for taking _____ Reason for taking _____

Dose taken _____ Dose taken _____

Time(s) of day taken _____ Time(s) of day taken _____

