

# Registration and Application Form for 2012 Summer Program New Hope Camp and Conference Center, Inc.

www.newhopeccc.org

## How to Register:

1. \*\*Signatures are mandatory on registration and health form. \*\*
2. Complete all information on this form. **One per child.**
3. Complete Health Form on reverse. This is required to guarantee registration for camp.
4. Make \$75.00 deposit check payable to NHCCC for **EACH** camp session.
5. Mail check, registration form, and health form to:

## New Hope Camp and Conference Center, Inc.

Camp Registrar, 4805 Hwy 86, Chapel Hill, NC 27514

info@newhopeccc.org

phone: 919-942-4716 fax: 919-942-3266

### For Office Use Only

Date Received \_\_\_\_\_

Amount Paid \_\_\_\_\_

Scholarship \_\_\_\_\_

Discount \_\_\_\_\_

T-Shirt \_\_\_\_\_

Camper Name \_\_\_\_\_

Male [ ] Female [ ] Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade **2012-2013** \_\_\_\_\_ Camper Home Phone# \_\_\_\_\_

Parent Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Church Membership \_\_\_\_\_ (church name)

\*\*Camper must be a member of the Church of Reconciliation, Hawfields Presbyterian Church, Hillsborough Presbyterian Church, New Hope Presbyterian Church, University Presbyterian Church, or Westminster Presbyterian Church to receive Presbyterian Discount.

**Camp T-shirts - Please circle the correct size: \$12.00**  
**Youth: M L Adult: S M L XL**

Have you attended NHCCC before? (circle one) yes no

Parent 1's Name \_\_\_\_\_

Parent 2's Name \_\_\_\_\_

Parent 1's Day Phone \_\_\_\_\_

Parent 2's Day Phone \_\_\_\_\_

Parent 1's Evening Phone \_\_\_\_\_

Parent 2's Evening Phone \_\_\_\_\_

Parent 1's Cell Phone \_\_\_\_\_

Parent 2's Cell Phone \_\_\_\_\_

Camper Resides With \_\_\_\_\_

<b>Camp Cost</b>	\$ _____
<b>T-Shirt</b>	\$ _____
<b>Less Discount**</b>	\$ _____
<b>Total</b>	\$ _____
<b>Amount Enclosed</b>	\$ _____
<b>Balance Due</b>	\$ _____

**Camp Session and Dates:** \_\_\_\_\_

**How did you hear about Camp at New Hope Camp and Conference Center?**

- Brochure     Friend     Newspaper  
 Poster/Sign     Church     Other

AS A CAMPER, I UNDERSTAND AND WILL ABIDE BY THE BEHAVIOR POLICY DESCRIBED IN THE CAMP BROCHURE. CAMPERS WHO VIOLATE THIS POLICY MAY EXPECT TO HAVE THEIR PARENTS NOTIFIED, AND FURTHER, MAY BE SENT HOME. AS A PARENT, I UNDERSTAND THE BEHAVIOR POLICY AND AGREE TO PICK MY CHILD UP PROMPTLY IF SUMMONED BY CAMP MANAGEMENT AS A RESULT OF MY CHILD'S MISBEHAVIOR OR VIOLATION OF RULES AND POLICIES.

\*\*CAMPER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

\*\*PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Circle Payment Method:** Check Credit Card [ ] Yes, please automatically charge my credit card for each payment due date.

MC/VISA # \_\_\_\_\_ EXP: \_\_\_\_\_ CVV#: \_\_\_\_\_ Amount to be Charged \$ \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Print Name \_\_\_\_\_

# HEALTH FORM

HEALTH FORM MUST BE MAILED IN WITH REGISTRATION. CHILD MAY NOT ATTEND CAMP UNLESS FORM IS COMPLETED.

DATES OF CAMP ATTENDANCE: \_\_\_\_\_

NAME \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ STREET \_\_\_\_\_ GENDER M F CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SSN \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

2ND PARENT/GUARDIAN \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

EMERGENCY PHONE (IF ABOVE CANNOT BE CONTACTED) \_\_\_\_\_ NAME \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

INSURANCE COMPANY PHONE NUMBER \_\_\_\_\_

## AUTHORIZATION (MUST BE COMPLETED FOR ATTENDANCE)

I UNDERSTAND THAT CAMP PROGRAMS ARE NOT RISK-FREE. I GIVE PERMISSION FOR MY CHILD TO ATTEND SUMMER CAMP AND PARTICIPATE IN ALL PHASES OF CAMP ACTIVITIES, INCLUDING TRIPS AS RELATED TO CAMP PROGRAM. I UNDERSTAND THAT THE CAMP MAY USE PHOTOGRAPHS AND/OR VIDEOTAPES OF MY CHILD FOR PUBLIC RELATIONS. I UNDERSTAND THAT THE CAMP IS NOT RESPONSIBLE FOR LOSS OF VALUABLES.

I CERTIFY THAT THE INFORMATION HERE IS CORRECT AND GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED IN PRIVATELY OWNED VEHICLES IF NECESSARY FOR APPROVED OUT-OF-CAMP ACTIVITIES OR EMERGENCY TRANSPORT.

FURTHER, I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE CAMP MANAGEMENT TO PROVIDE ROUTINE HEALTH CARE: TO ADMINISTER MEDICATIONS; TO ORDER X-RAYS; ROUTINE TESTS; TREATMENT; TO RELEASE ANY MEDICAL RECORDS NECESSARY AND TO PROVIDE OR ARRANGE NECESSARY RELATED TRANSPORTATION FOR MY CHILD. I UNDERSTAND THAT IN AN EMERGENCY EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY CAMP MANAGEMENT TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA OR SURGERY FOR MY CHILD.

**I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE AGENTS, EMPLOYEES, OFFICERS, AND ENTITIES OF NEW HOPE CAMP AND CONFERENCE CENTER, INC. FROM ANY AND ALL CLAIMS RESULTING FROM INCIDENT, INJURY OR LOSS ASSOCIATED WITH, OR ARISING FROM OUR USE OF THE NEW HOPE CAMP AND CONFERENCE CENTER FACILITY.**

SIGNATURE OF PARENT/GUARDIAN IN INK \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

IS THERE ANYONE LEGALLY RESTRICTED FROM SEEING THE CAMPER? NAME AND DESCRIBE. PLEASE ENCLOSE PHOTO IF AVAILABLE, LABELED WITH NAME ON BACK.

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF LAST EXAMINATION \_\_\_\_\_ Must Be Within 24 Months of Chosen Camp Start Date CAMPER UNDER DOCTOR'S CARE

FOR THESE CONDITIONS \_\_\_\_\_

**CURRENT MEDICATIONS (MUST BE IN ORIGINAL CONTAINER WITH LABEL & CORRECT DOSAGE)**  
List all and indicate whether they are taken at home or at camp.

PARENT/GUARDIAN MUST PROVIDE ANY ADDITIONAL INFORMATION WHICH THE CAMP SHOULD BE AWARE OF REGARDING CAMPER'S BEHAVIOR, PHYSICAL, EMOTIONAL AND MENTAL HEALTH. ATTACH PAGES IF NEEDED.

ANY HEALTH OR DIET RESTRICTIONS WHILE AT CAMP? \_\_\_\_\_

## HEALTH HISTORY (PLEASE LIST DATES)

Frequent Ear Infections	_____	Mononucleosis	_____	ALLERGIES:
Heart Defect/Disease	_____	Diabetes	_____	Hay Fever
Psychiatric Treatment	_____	MMR	_____	Poison Ivy
Bleeding/Clothing Disorder	_____	Chicken Pox	_____	Insect Stings
Hypertension	_____	Hepatitis A	_____	Penicillin
Convulsions	_____	Hepatitis B	_____	Other Drugs
Asthma	_____	Epilepsy	_____	Other Allergies
Bedwetting	_____	Sleepwalking	_____	(Please List)

**\*\* If this camper is diagnosed with Attention Deficit Disorder and/or Hyperactivity Disorder, please attach a sheet describing the camper's routine, medications and schedule, and what methods have been effective in helping this camper manage in a structured environment. Please list all medications for ADD/ADHD including those taken at home and discuss with your doctor the proper dose for the hot and highly structured camp environment. \*\***

ADDITIONAL ALLERGY INFO: \_\_\_\_\_

HAS CAMPER EVER HAD OPERATIONS/SERIOUS INJURIES \_\_\_\_\_

### IMMUNIZATION HISTORY (OR ATTACH COPY OF DOCTOR'S SHOT RECORD) REQUIRED\*

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria	1	1
Pertussis DPT	2	2
Whooping Cough	3	3
Tetanus		
Tetanus Diphtheria or TD		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
MMR		
Hepatitis A		
Hepatitis B		
Other		
Tuberculin Tests given most recently		