

This form is used to complete the on-line registration forms for Camp Horizon Summer Camp.
After the data has been entered this document will be scanned and shredded within 90 days.

NOT A PERMANENT RECORD

Registration Form

Camper Information

Full Name of Camper: _____ Name Camper Goes By: _____
Age: _____ Date of Birth: _____ Gender: _____
Current Grade: _____ Camper E-mail: _____ Group: _____
Cabin mate Request: _____ Cabin: _____

Family Information

Parent/Guardian 1

Parent/Guardian 2

Camper Address

Parent/Guardian:	Parent/Guardian 1	Parent/Guardian 2	Camper Address
Mailing Address:	_____	_____	_____
City, State Zip:	_____	_____	_____
Home Phone:	_____	_____	_____
Cell Phone:	_____	_____	_____
Work Phone:	_____	_____	_____
E-mail Address:	_____	_____	_____
Relationship:	_____	_____	_____
Occupation:	_____	_____	_____
Employer:	_____	_____	_____

Emergency Contact Information

Relationship:	_____	Home Phone:	_____
Name:	_____	Work Phone:	_____
Mailing Address:	_____	Cell Phone:	_____
City, State Zip:	_____	E-mail Address:	_____

Camper Profile Sheet

Church:

Church Name (only if your church is not on the drop-down list) _____

Camper T-Shirt Size:

Adult 2XL _____
Adult 3XL _____
Prefer Not To Answer _____
Youth Medium (Size 8-10) _____
Youth Large (Size 10-12) _____
Adult Medium _____
Adult Large _____
Adult XL _____
Youth Small (Size 6-8 Too small for printing) _____
Adult Small _____

Food Allergies:

No Food Allergies _____
Other - Please provide details _____
Peanuts - SEVERE (Anaphylactic Shock) _____
Peanuts - Mild/Moderate (Please provide details) _____
Dairy _____
Wheat / Gluten _____
Eggs _____
Seafood / Fish / Shellfish _____
Soy _____

Food Allergy Details:

Dietary Restrictions:

No Dietary Restrictions _____
Other - Please provide details _____
Vegan (Strict Vegetarian) _____

Vegetarian - Please provide details _____
Gluten Free _____
Diabetic (Reduced processed sugar) _____

Diet Restriction Details:

Emergency Contact Name (other than spouse or parent) _____

Emergency Contact Relationship _____

Emergency Contact Phone and type C=Cell, H=Home, W=Work _____

Swim Level

Pass-Proficient _____
Pass-Basic _____
Non-Swimmer _____
Refused swim test _____
Not Tested _____

Camper Medical Information Form

Health Company: _____

Insurance #: _____

Medical Form Recvd? _____

Doctor's Name: _____

Doctor's Phone: _____

Height: _____

Weight: _____

Healthcare Issues (Provide details if necessary) _____

Medication Allergy:

Tetracycline _____
NSAIDS (Ibuprofen, naproxin, etc) _____
Sulfa Medications _____
Other (Please provide description) _____
No Known Medication Allergies _____
Penicillin _____
Aspirin _____

Medication Allergy Details

I have verified that this information is up-to-date.

Yes _____
No _____

Signature _____

Date Saved _____

SC Parent Agreement

Parent Agreement and Waiver

PARENT AND CAMPER AGREEMENT (READ CAREFULLY BEFORE YOU SIGN)The following is understood and agreed to by the camper and the parent or guardian signing below:1. The camper applying to Camp Horizon is in good physical and emotional health and willing to submit to camp authority, standards of behavior, and discipline.2. The parent/guardian signing below is in legal custody of the child and is legally responsible for payment of the fees and any damages or other expenses incurred by the camper. Conditions of custody, if applicable, will be fully communicated to Camp Horizon in writing. Please notify shared guardians of your camp schedule.3. Camp Horizon is empowered to obtain emergency medical/dental treatment for the camper if necessary. All healthcare expenses are the responsibility of the parent.4. The health counselor (RN,LPN,Paramedic) may provide first aid and administer prescription and non prescription medications according to policy (see OTC section of Health Form)..5. Camp Horizon has permission of the camper's parent/guardian to take the camper on supervised trips off the Camp property including but not limited to: canoe trips, sailing trips, hikes on neighboring property, health-care visits, or other supervised outings unless notified otherwise in writing.6. If the camper violates any Camp Horizon Standards of Conduct, (copy on the website and on request), or engages in any activity which the Camp believes is, at the sole discretion of the Camp, inconsistent with its principles, the camper may be required to leave the Camp immediately. The parent/guardian will be required to come pick up the camper at the earliest possible time. Fees are non-refundable if campers are sent home for disciplinary reasons.7. We take cabin photos and both video and still pictures of campers in action. Cabin Photos are published on the web. Pictures of activities are used for promotional purposes without any financial reward to the subject(s).8. We provide

Registration Form

an address list to campers and staff that participate each week unless you notify us in writing otherwise.9. All camper belongings are subject to inspection. Items that are not allowed at camp (i.e. cell phones / audio players) will be removed and placed in safe storage.10. I/We release Evangelistic Horizons Unlimited Inc., its officers, employees, vendors (including but not limited to Climb Eagle Rock), and volunteers from financial responsibility for injury sustained by my child while at Camp Horizon. Any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker® Ministries (complete text of the Rules is available at www.HisPeace.org).

Applicant Signature (Parent or Guardian) _____

Date _____

SC Tubing Waiver

Waiver for water-skiing / tubing and/or wall climbing.

SPECIAL CONSENT FOR TUBING (WATERSKIING)

I/We, the parent or legal guardian of the camper named above and the named camper acknowledge that there are certain inherent risks associated with the sport of water-skiing / tubing and that we accept the consequences of those inherent risks. Further, we understand that the named minor must observe and obey the camp rules pertaining thereto and agree not to act in a reckless manner while participating. I/We give our consent for the named minor to participate in the water-ski / tubing program of Camp Horizon.

Camper has permission to waterski or tube:

Yes _____

No _____

Applicant Signature (Parent or Guardian) _____

Date _____

Cost: \$275 / Week		2018 SUMMER CAMP PROGRAMS		
CAMP	2018 DATES	AGE GROUP THEME	DIRECTOR	SPEAKER
Training Camp	June 16 - June 23	SUMMER STAFF	Steve Slusser	Bill Bradford
Teen Camp 1	June 24 - June 30	Ages 13-17	Brian Skelton	Micah Tuttle
Junior Camp 1	July 01 - July 07	Ages 8-12	Conrad Campbell	Nate Thomas
Teen Camp 2	July 08 - July 14	Ages 13-17	Frankie Gomez	Nate Bramsen
Junior Camp 2	July 15 - July 21	Ages 8-12	Andy VanDemark	Byron Unger

Week(s) Requested: _____

Other Notes:

Enclosed: \$ _____ Tuition
\$ _____ Spending

I appoint _____ at _____

NAME

EMAIL

To receive email notifications about events my child is registered for on my behalf.

NOTE: Camp Horizon records are primarily digital. This form is provided as a courtesy to those who are unable to complete the forms online. The responses on this form will be entered into the Camp Horizon database. This form will be scanned and shredded at the end of the current summer season.

* NOT A PERMANENT RECORD *

Camper Health Form

Permission To Administer Over The Counter Medications

Camper Name: _____

Place parent initials on the line next to each that apply

_____ None of them (call before giving any OTC medications)

_____ Antihistamine/Allergy: Benadryl Oral

_____ Antihistamine/Allergy: Triaminic or equivalent

_____ Ears: Camp Ear Drops (Vinegar & Alcohol)

_____ Ears: Homeopathic ear drops for ear ache

_____ Eyes: Artificial Tears

_____ Fungus: Lotrimin or equivalent

_____ Gastrointestinal: Antacids (Tums, Mylanta, or Maalox)

_____ Gastrointestinal: Mild Laxative or stool softener

_____ Gastrointestinal: Pepto-Bismol

_____ Pain/Fever: Acetaminophen (Tylenol)

_____ Pain/Fever: Ibuprofen (Motrin)

_____ Sore Throat: Choraseptic spray or lozenge

_____ Sore Throat: Zinc or equivalent lozenge

_____ Topical: Antibiotic Ointment (Neosporin, Bacitracin, Polymixin)

_____ Topical: Benzocaine (Tooth Drops)

_____ Topical: Calamine Lotion

_____ Topical: Hydrocortisone

_____ Gastrointestinal: Zantac (also given with Benadryl for allergy)

Parent / Guardian signature: _____