



# 2020 Journey Camp Registration Only

## June 8th-12th Only (Monday-Friday)

### FREE ONLINE REGISTRATION!!!

### Specialty camp for campers going into Grades 4-9th grades

Name \_\_\_\_\_  
 Birth date \_\_\_\_\_ Gender  Male  Female  
 Grade in fall of 2020 \_\_\_\_\_  
**Theme t-shirt size (Circle one) YM YL S M L XL XXL**

#### Parent/Guardian Information

Parent/Guardian First and Last Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Parent's email \_\_\_\_\_

#### Emergency Information (If parent/guardian cannot be reached)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

#### Health Information

HIPPA regulations require us to have your permission before disclosing any health information to the necessary staff.

May we disclose this information?  yes  no

Please check all that apply to your child. Please explain below, and include a separate sheet, if necessary.

- general good health     prone to homesickness     diabetes     seizures  
 Asthma     recent operations     recent injuries     heart condition

Other (please describe) \_\_\_\_\_

Medication camper is taking (Please send along in original bottles) \_\_\_\_\_

List allergies including food, medication, environmental, insect sting, anesthesia, other \_\_\_\_\_

Can we give your child Tylenol, Benadryl, Ibuprofen, "over the counter" cough, cold or allergy medications?

yes  no

Is your Child prone to running away in new situations?

yes  no

Does your Child wet the bed?

yes  no

Has your Child been exposed/ told about Inspiration Hills' Christian Mission Statement?

yes  no

#### Insurance Information

Family Health Insurance Company \_\_\_\_\_ Group No. \_\_\_\_\_

#### Must be signed:

In case of medical emergency, I understand that every effort will be made to contact parents/guardians of child. In the event that I cannot be reached I hereby give permission to the physician selected by the Program Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

Inspiration Hills provides accident insurance for every child. Inspiration Hills insurance begins where yours leaves off. Illness or sickness are not covered. Any outside charges incurred relating to sickness or illness by your camper will be billed to parents or guardian. I hereby certify that the above information is correct. I also give permission for the use of photographs or video including my son or daughter to be used in publicity.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Parents: Please fill out entire page. The General Registration is to be able to determine what portion of donations will be used to pay the Camp Fee. Parents are responsible for at least the \$15.00 portion of the registration & any Canteen Card money they would like to send in for their camper. Any questions about filling out this form, please call Jenny at the camp office 712-986-5193.**

**General Registration**

<b>Fee: Journey Camp \$350.00</b>	<b>\$360.00</b>
<b>Portion Paid by Churches, Donor Families, United Way, etc.</b>	<b>- \$ 340.00</b>
<b>Balance of Camp Fee</b>	<b>= \$20.00</b>
	+
<b><u>Canteen Card:</u></b>	
<u>Suggested Amount (\$10.00-\$25.00)</u>	<b>Canteen Card</b> \$ _____
(Unspent Canteen Money will not be returned)	+
<b>TOTAL amount sent with registration</b>	<b>= \$ _____</b>

**Confirmation—Please provide an email address to receive confirmations and emails about drop off/pickup times, and what items to bring to camp!**

**CAMPER INFORMATION FORM**

**(Must be filled out)**

City in which you live: \_\_\_\_\_ State in which you live: \_\_\_\_\_

County in which you live: \_\_\_\_\_ Number of Person in Household: \_\_\_\_\_

Please answer the following to assist with Camper to Counselor placement:

Please describe the home situation from which the camper comes from (please check all that applies):

- Biological Family     
  Foster/Adoptive Family     
  Grandparents     
  Aunts/Uncles  
 Other: \_\_\_\_\_

Please Check all that Applies. Please explain below, if necessary:

- Gets mad/angry easily   
  Trouble following instructions   
  Easily distracted     
  Has trouble Waiting  
 Picky eater   
  Has trouble listening   
  Interrupts others     
  Wanderer     
  ADD or ADHD

**Consent Form Signature Required by Parent/Guardian**

To participate in the ALL activities such as Challenge Course elements or Canoeing, at Inspiration Hills Camp and Retreat Center (IH), campers and parents or legal guardian, must sign the consent form below. These activities may include but are not limited to the Vertical Playpen, Zip Line, the Crossing, Monkey Tails, Leap of Faith, Canoeing, or traveling off campus. 1) Assumption of Risk: The camper will participate in the activities even though they know there are risks involved, including the risk of serious injury or death. The camper is willing to assume those risks and any other risk incidental to the program. 2) Release of Responsibility: In consideration of the opportunity to participate in these activities. The camper and I will not hold IH directors, employees, or agents responsible or legally liable for any injuries to my person or property or the results thereof, incurred and suffered as a result of my participation in any of the activities or programs. 3) Willingness to Follow Instructions: I & the camper understand that IH will provide the necessary safety equipment and personnel trained to supervise participation in these activities. The camper agrees to use this equipment as directed and to observe and follow all rules and guidelines for participation in these programs as directed by the IH staff. The camper further agrees that any failure to do so on their part may prevent their participation in these activities. 4) Fitness to Participate: The camper certifies that they have no physical or mental condition that would prohibit my participation in these activities. If the camper has currently or have been in the past under treatment for any physical conditions listed above, I or the camper will discuss it with the supervisor of the activity and yield to his or her judgment as to whether the camper should participate. I and the camper understand that their participation in these activities is entirely voluntary, and that they may excuse themselves from participation if they so desire. By signing this consent form, you are agreeing that any photos taken during camp can and will be used for promotional purposes only of Inspiration Hills of your camper.

Parents/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_