



2018 Journey Camp Registration Only

July 16th-20th, 2018 Only (Monday-Friday)
Specialty camp for campers going into Grades 4-9th grades

Name _____
Birth date _____ Gender Male Female
Grade in fall of 2018 _____
Theme t-shirt size (Circle one) YM YL S M L XL XXL
(Theme t-shirt included)

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

Fee: Journey Camp \$350.00	\$350.00
Portion Paid by Churches, Donor Families, United Way, etc.	- \$ 335.00
Balance of Camp Fee	= \$15.00
	+
<u>Canteen Card:</u>	
<u>Suggested Amount (\$10.00-\$25.00)</u>	Canteen Card \$ _____
(Unspent Canteen Money will not be returned)	
	+
TOTAL amount sent with registration	= \$ _____

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.

Parents/Guardian Signature: _____ Date: _____