

2023 Camper Information/Consent Form

Form is required for camper's attendance and is to be completed by parent/legal guardian .
Form may be photocopied.



Week Attending Camp

<input type="checkbox"/> Junior Week 1 (June 12-16)	<input type="checkbox"/> Junior Week 2 (July 10-14)	<input type="checkbox"/> Teen Week 1 (June 19-23)	<input type="checkbox"/> Teen Week 2 (July 17-21)
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Church Information

 Church camper is coming with

Church Name:			
Address	City	ST	ZIP

Camper Information

Camper Name: Last		First		MI	
Address		City	ST	ZIP	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age	Grade (in Fall)	Birthday	Phone
Parents/Legal Guardian Name: Last		First			
Phone/Cell		Emergency Contact		Phone	

Insurance/Medical

Camper Name	Insurance Policy Holder's Name
Insurance Company Name	Policy #
Insurance Co. Address	
Immunizations <input type="checkbox"/> DPT <input type="checkbox"/> MMR <input type="checkbox"/> Smallpox <input type="checkbox"/> Whooping cough <input type="checkbox"/> Hepatitis <input type="checkbox"/> Tetanus Date ____/____ <input type="checkbox"/> Other _____	
List any Specific Allergies & Reactions; Physical, Health, Behavioral Limitations; Current Medication & Dosage. All medication is to be given to Camp Nurse in original labeled containers, including dosage instructions.	

Consent/Waiver of Liability

I give permission for my child to participate in all on-site activities. I understand campers are expected to cooperate in activities, and abide by camp policies of conduct, attire, and attitude. The camp reserves the right to dismiss campers who fail to follow these guidelines without refund. I understand that Hoosier Hills Baptist Camp is a Christian camp where Christian principles will be taught. I aware photos or videos of that include my child may be used for promotional purposes without remuneration. I understand that camp will provide medical care to my child for minor first-aid injuries or illnesses. In case of a medical urgency or emergency, I understand that every reasonable effort will be made to contact me. If I cannot be reached, I give permission to secure reasonable medical treatment including off-site facilities. I understand if my child has a communicable disease, sickness, or lice and/or nits, the camp reserves the right to take appropriate precautions, including dismissal. I understand the camp reserves the right to bill me for excessive medical supplies, and that all off-site medical expenses will be the parent/guardian's responsibilities. Any claims will first be submitted to the parent/guardian's insurance carrier. I agree to hold the camp harmless and waive the camp of liability.

Parent/Guardian Signature _____ Printed Name _____ Date _____

Note: Registration and payment are to be made through the church the camper is attending with. Please communicate with the church leader for instructions. For campers not attending with a church, please email us for special instructions on registration. For information, guidelines, FAQs, schedules, and more, visit our websites below or contact us by email or phone.