

2026 Camper Registration

One form required per camper. This form may be photocopied.



Week Attending Camp

<input type="checkbox"/> Jr. Week 1 (June 8-12)	<input type="checkbox"/> Jr. Week 2 (July 6-10)	<input type="checkbox"/> Teen Week 1 (June 15-19)	<input type="checkbox"/> Teen Week 2 (July 13-17)
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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
Church camper is coming with:				City	ST
Parents/Legal Guardian Name: Last		First		MI	
Phone/Cell		Emergency Contact		Phone	

Insurance

Attention: Campers are under an accident insurance policy on the campus. Coverage is an Excess Plan. All claims will first be submitted to the parent/guardian's insurance carrier.

Camper Name	Ins. 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.	

I understand the following

Camper's are expected to cooperate in activities, and abide by camp policies of conduct and attire. The camp reserves the right to dismiss campers who fail to follow these guidelines. I give permission for my child to participate in all on-site activities. Photos or videos of my child can be used for promotional purposes without remuneration. I understand that Hoosier Hills Baptist Camp is a Christian camp where Christian principles will be taught. I understand that camp will provide medical care to my child for injuries or illnesses, that camp reserves the right to bill me for excessive medical supplies, and that all off-site medical expenses will be directed through the parent's health insurance policy. I understand that camp coverage is an Excess Plan. In case of a medical 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. 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.

Parent/Guardian Signature _____ Printed Name _____ Date _____

Cost and Payment

1. Choose Early or Late Registration. 2. Enter the total cost. 3. Select how you are paying.

Early Registration

(pre-paid deposit* by May 1st) \$225

Late Registration

(pre-paid deposit* May 2nd or later) \$255

*\$50 non-refundable deposit per camper is required to secure each camper's spot. Deposit is included in cost and will be subtracted from balance at check-in.

Total Cost:	\$ _____
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How are you paying?

- Through my church (recommended).** Turn this completed form and payment in to your church. Church will make group payment to camp.
- As an individual (not attending with a church group).** Mail this form and pay camp directly by check. You may make payment online as well. Bring form.