

CAMPER REGISTRATION FORM



CAMP HOPE MINISTRIES, INC

Camper's Name: _____ Gender: Male Female

Date of Birth: (mm/dd/yy) ____/____/____

Age / Grade Completed: ____/____

T-Shirt Size

(please circle one)

Child **S M L**

Adult **S M L XL**

NOTES:

Early Bird Savings

If you register by: June 1

Regular Hours 9:30am to 3:30pm

Camp is held at: First Christian Church 3105 RR 12

Invite your friends to camp!

Medication: _____

Dose / Time: ____ / ____

(Provide to Manager in original container with medication form.) If your child takes any form of medication regularly during school, we request that they be taken during Camp Hope as well. **Allergies or Diet Restrictions:**

Attending Camp Hope Week (s) _____ rate per week **\$75**
 Check all that apply Early Bird weekly rate **\$70**

Week 1 **July 11—15** _____

Week 2 **July 18—22** _____

Week 3 **July 25—29** _____

Attending Before Camp (BC) and/or After Day (AD) _____ Before Camp & After Day are **\$20** each per week
\$20 per week, per child

Before Camp (BC) 7:00—9:30 am _____

After Day (AD) 3:30—6:00 pm _____

Hot Lunch — Wednesday Only _____ Cost is **\$3.00** for each week
 Menu: Pizza

Week 1 Week 2 Week 3 _____

Sibling Discount: _____
 If you are registering more than one child, you receive a **\$5.00** sibling discount for each child.

Total Amount Due _____

50% NON-REFUNDABLE Deposit _____
 (Please attach payment to this form)

Balance Due _____
 (on the first day of each camp week)

Scholarships available by request.

Make Checks payable to: **Camp Hope**

Mailing Address:
 130 W. Holland
 San Marcos 78666

Phone:
 512-392-2064

Email:
 firstlutheran@grandecom.net



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**PLEASE COMPLETE BOTH SIDES OF THIS FORM.
Do not leave any blanks empty—for your child's safety!**

CAMP HOPE MINISTRIES, INC

Name of Parents _____ Home# _____

Mom Wk/Cell# _____ Dad Wk/Cell# _____

Mom's email address _____ Dad's email address _____

Mailing Address _____ City _____ State _____ Zip _____

Where do you worship? (Name of congregation, if any.) _____

Insurance Company (if none, please indicate as n/a) Policy# _____ Phone _____

Dr.'s Name _____ Phone _____

Emergency Contact if parent cannot be reached. Please list daytime or cell numbers.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

The child registered on this form has my permission to participate in Camp Hope Ministries during indicated sessions. I agree that First Lutheran Church, First Christian Church, Camp Hope, LEAD and/or the ELCA will not be held responsible for accidents arising thereof. I am responsible for any medical obligations incurred during these camp activities and give the camp permission to seek treatment in case of injury or illness. I give permission for First Lutheran Church, First Christian Church, Camp Hope Ministries, LEAD and or/ the ELCA to use, publish or disclose in newsletters, brochures, periodicals, posters, website or other media-related vehicles, any photographs, videos, audios or other material in which my child may have appeared, spoken, written or otherwise been represented. I understand that I am ultimately responsible for my child's behavior at camp and that they will be expected to sign and live by the camp covenant which states: "I will show respect for God, others, and myself". I know that violation of this covenant can and will result in my child being removed from the program.

Parent or Guardian Signature / Date _____