

Please use separate form for each camper



# CAMP REGISTRATION FORM

Registering online is quick & easy at [hartmancenter.com](http://hartmancenter.com)

Please use separate form for each camper

1st Choice: Code # \_\_\_\_\_ Event Name: \_\_\_\_\_ Dates: \_\_\_\_\_

2nd Choice: Code # \_\_\_\_\_ Event Name: \_\_\_\_\_ Dates: \_\_\_\_\_

NOTE: If your first choice is full at this time, your second choice will automatically be assigned.

Camper's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Grade completed this June: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Male  Female

Home Church: \_\_\_\_\_ City: \_\_\_\_\_

I would like to room with: \_\_\_\_\_ This is my \_\_\_\_\_ year at camp.

Bring a Friend Name: \_\_\_\_\_

If first time camper, referred by: \_\_\_\_\_

Name of Parent(s)/Guardian: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Work Telephone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Email: \_\_\_\_\_

If not available in an **EMERGENCY**, please call Name: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Insurance Co.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Policy #: \_\_\_\_\_ Group: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Is allergic to: \_\_\_\_\_ Food: \_\_\_\_\_

Notable Health, Behavioral, or Emotional Problems: \_\_\_\_\_

Are Immunizations Current? \_\_\_\_\_ Tetanus (date) \_\_\_\_\_ HIB \_\_\_\_\_

Current Medications: \_\_\_\_\_

Comments/Other Instructions: \_\_\_\_\_

### MEDICAL RELEASE:

This Health History is, so far as I know, correct and the person described has my/our permission to engage in all prescribed camp activities, except as noted by. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the Physician selected by the Director of Outdoor Ministries to hospitalize, secure proper treatment for, and to order injection, X-rays, anesthesia, or surgery for my child named above. I understand that every effort will be made to contact us. I give permission to administer over-the-counter medication, including, but not limited to Tylenol, Advil, TUMS, or Cough/Cold medicine, if deemed necessary by the Camp Nurse.

Parent or Guardian Signature: \_\_\_\_\_

**Photo Permission:** I give permission for photos of camp activities, which may include my child, to be used in camp promotional materials without liabilities or numeration.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### • COMPLETE

Total Due: \_\_\_\_\_

Before 4/30: \_\_\_\_\_

After 4/30: \_\_\_\_\_

Camper Pd: \_\_\_\_\_

Church Pd: \_\_\_\_\_

Bal. Due: \_\_\_\_\_

### • EMAIL PERMISSION

I would like to receive updates and information from Hartman Center about Youth and Outdoor Ministry Programs.

### • OFFICE USE

Postmark Date: \_\_\_\_\_

Total Fee: \_\_\_\_\_

Amt. Rec'd: \_\_\_\_\_

Check #: \_\_\_\_\_

Date: \_\_\_\_\_

From: \_\_\_\_\_

Amt. Rec'd: \_\_\_\_\_

Check #: \_\_\_\_\_

Date: \_\_\_\_\_

From: \_\_\_\_\_

Bal. Due: \_\_\_\_\_