

New Hope Summer Registration Form

Please print information, ONE form per camper

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____
E-mail _____
Parent(s)/Guardian(s) _____
Gender: M / F Date of Birth _____ Current Age _____
Grade Completed by Summer 2022 _____ Tee-Shirt Size _____
Parent Work Phone _____ Cell Phone _____
Parent Work Phone _____ Cell Phone _____
Home Church _____ Church Town _____
Pastor's Name _____

Please check week attending:

- June 15-17 Pioneer Camp 1 Grades 1-3
 June 19-24 Music & Drama Camp Grades 5-9
 Jun 26-Jul 1 Explorer Camp 1 Grades 3-5
Explorer Camp 1 Please Select: Day Only Overnight
 July 6-8 Pioneer Camp 2 Grades 1-3
 July 10-15 Explorer Camp 2 Grades 3-5
 July 17-22 Adventure Camp Grades 6-8
 July 24-29 Sports Camp Grades 5-7

Cabin Mate Request: _____

Camp Fee:

Pioneer Camp \$ 90.00
Music/Drama, Explorer, Adventure, Sports Camps \$180.00
(Full payment or a \$50.00 Non-refundable deposit is required.)

Amount Enclosed \$ _____

Send forms to: New Hope Christian Camp and Retreat Center



PO BOX 52
Platte, SD 57369

Health History/Insurance Information

In Case of Accident, illness or emergency, camp should notify:

Name: _____

Day Phone: _____ Cell Phone: _____

Health Insurance Company: _____

Policy Number: _____

Date of Camper's last tetanus shot or booster _____

Immunizations: DPT Measles/Rubella Polio Covid

Medication Allergies: _____

Food Allergies: _____

Other Allergies: _____

Please list all current prescription and non-prescription medication. All medications, including non-prescription, must be checked in the first day of camp to the nurse. All medications must be in the original bottle. Prescription medications will only be administered according to written prescription unless doctor's note indicates otherwise.

Authorized signature of Parent/Guardian

The following person(s) may pick up my child from camp

In case of a medical emergency, I understand every effort will be made to contact parent/guardian of campers. In the event I cannot be reached I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child. Parent/guardian(s) are responsible for the insurance coverage while their child is attending camp. Any outside charges incurred relating to sickness or illness by your child will be billed to parent/guardian(s).

HIPAA Statement: I authorize New Hope Christian Camp staff to discuss my child's health information with camp volunteers and healthcare providers as necessary.

An approved camp nurse will be present at all times to administer medications. In case of emergencies, the camp has permission to administer Tylenol, Ibuprofen and over the counter topical medications to my child as needed.

I consent to have my child participate in the activities of New Hope Christian Camp and certify that I will hold New Hope Christian Camp, its directors, employees, or agents harmless from any or all liability and claims arising out of participation in or in connection with the program of New Hope Christian Camp.

Parent/guardian

Signature: _____ Date: _____

I also agree that any photographs or video of my child taken at camp or written comments made by me or my child may be used by New Hope Christian Camp for art, advertising, or promotion. I waive my right to inspect or approve the finished product or copy.

Parent/guardian

Signature: _____ Date: _____

Directions to Camp

New Hope Christian Camp and Retreat Center
36705 279th St
Platte, SD 57369

At the 4-Way stop in Platte where Hwy 44 and Hwy 45 intersect, head south on 367 Ave for 3 miles. The campground is on your left.

Parents, please make a check in the circle before each non-prescription drug the camp staff may administer to your child while at New Hope. Be assured we will NEVER exceed the recommended daily dosage. You will be notified if conditions do not improve within a reasonable amount of time.

- Children's Ibuprofen (Advil, Motrin)
- Children's Acetaminophen (Tylenol)
- Children's Robitussin (Cough and Cold)
- Children's Robitussin (Nighttime Cold)
- Antihistamine/Allergy Relief (Benadryl)
- Pepto Bismol Chewables
- Antacid Tablets (Tums)
- Triple Antibiotic Ointment
- Chloraseptic Sore Throat Spray
- Cough Drops
- Laxatives for Constipation (Miralax)
- Calamine Lotion

What to Bring

Bible

Pillow and sleeping bag

Soap and toiletries

Beach and bath towels

Toothbrush and toothpaste

Pen/pencil and notebook

Tennis shoes

Mosquito repellent/sunscreen

Flashlight and batteries

Modest, one-piece swimsuit

Small backpack or drawstring bag

What NOT to Bring

Cell phone

I-Pod

Two-piece swimming suit

Knives/Multi-tools

Water balloons

Note: all clothing must be modest