

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 Grade Completed by Summer 2019 _____
Parent Work Phone _____ Cell Phone _____
Parent Work Phone _____ Cell Phone _____
Home Church _____ Church Town _____
Pastor's Name _____

Please check week attending:

- | | | | |
|--------------------------|--------------|-----------------|------------|
| <input type="checkbox"/> | June 20-25 | Horse Camp 1 | Grades 5-8 |
| <input type="checkbox"/> | June 27-29 | Pioneer Camp 1 | Grades 1-5 |
| <input type="checkbox"/> | Jun 30-Jul 2 | Pioneer Camp 2 | Grades 1-5 |
| <input type="checkbox"/> | July 5-9 | Explorer Camp 1 | Grades 3-5 |
| <input type="checkbox"/> | July 11-16 | Adventure Camp | Grades 6-8 |
| <input type="checkbox"/> | July 18-23 | Explorer Camp 2 | Grades 3-5 |

Cabin Mate Request: _____

Camp Fee:

Horse Camp	\$210.00
Pioneer Camp	\$ 90.00
Explorer Camp	\$180.00
Adventure Camp	\$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
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

_____ # of adults _____ # of children joining for closing and the meal
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