## **INSPIRATION HILLS CAMPER REGISTRATION 2024**

Last Name	Last Name_
First NameGender	First Name_
Birth Date M/ D/ Y Grade Completed by Beginning of Camp	Birth Date N
Please Email My Confirmation Packet to	Please Ema
Mailing Address	Mailing Add
City State Zip	City
Telephone Day ()         Eve ()	Telephone I
Cell ()  T-shirt size (included with registration)	Cell ()
Parents' Name(s)	Parents' Nar
Parent's Email	Parent's Em
Parents' Address	Parents' Ade
City State Zip	City
Home Church/Congregation	Home Churc
Emergency Contact: Name	Emergency
Emergency Contact: Phone ()	Emergency
I Attended Winter Camp in 2023	I Attended V
Camp(s) I Would Like To Attend:	Camp(s) I V
Sr. High Sr. High Bash Jr. High Junior Camp	Sr. High
Beginners Camp	Beginners (
*EACH PARTICIPANT MUST FILL OUT SEPARATE REGISTRATION FORMS TO ATTEND THESE CAMPS:	*EACH PA TO ATTEN
*Bring Your Big *Grand Camp *Launch Pad	*Bring You
Total Amount Due With Camper Registration Special Requests:	<b>Total Amo</b> Special Req
In signing this application I agree to abide by all policies governing personal conduct and use of camp property as outlined in the camp brochure. I agree to cooperate and participate in all camp activities.	In signing th use of camp participate in
Camper's Signature Date	Camper's Si

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Beginners Camp			
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*Bring Your Big *Grand C	Camp *Launch Pad		
<b>Fotal Amount Due With Camper</b> Special Requests:	Registration		
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\*--Continued on back page--\*

Date

## **INSPIRATION HILLS SUMMER REGISTRATION FORM**

List any allergies including food allergies and intolerances

Please indicate any emotional or health problems, behavioral issues, dietary restrictions, traumatic events in the camper's life, or other information that we should know.

\_(Please attached additional sheets if needed)

In signing this application, I certify that all information is correct and my child/ward is in good health and may participate in camping activities. I give consent for camp officials to act in any emergency in the best interest of the health and welfare of my child/ward. Should it become necessary for him/her to return home during the week because of illness, accident, homesickness, or conduct, I will abide by the camp's decision in this matter and provide transportation.

I recognize that certain hazards and dangers are inherent in camp events and programs. I understand, also, that although the camp has taken precautions to provide proper supervision, instruction, training and equipment for each activity, it is impossible for the camp to guarantee absolute safety. I further understand that my child/ ward shares responsibility for his/her safety and I have instructed my child/ward in the importance of knowing and abiding by camp rules, regulations, and procedures for the safety of camp participants. Further, I waive any claim that may arise against the camp and/or employees as a result of participation in the program, except for those that are a direct result of gross negligence of the camp or its employees.

Parent Signature
------------------

Date:

Printed Name

I give permission for person named to be photographed and/or video-taped for promotional purposes \_\_\_\_\_\_

	FOR OFFICE USE ONLY	
Person ID		Amount Due
Date Received		Cancellation Date
Date Entered		Refund Amount
Date Conf Sent		Date Refund Paid
Total Fee		INFORMATION MISSING
Paid by parent		Parent Signature
Paid by church	-	Camper Signature
Campership		Date
Total Credited		Other

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