



2019 Summer Camp Registration Form

Please fill out both sides completely, PRINT legibly, and use a pen.

Camp Week Name _____

Camper's Name _____ Boy Girl

Parent/Guardian #1 _____ Phone _____

Parent/Guardian #2 _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail Address _____

Birthdate _____ Age _____ Grade You Are Finishing _____

Member of what church? _____

First time at White Mills? _____ Has camper been baptized? _____
Parents will be called for permission if camper desires to be baptized.

Who will pick up your camper? _____

Who cannot pick up your camper? _____

Please notify the camp if your pick-up plans change during the week. We will not release a camper to anyone not listed on this form.

T-shirt size: YS YM YL AS AM AL AXL Other _____

Don't forget to mark your Camp Session on the back of this form!!

Questions? Call (270)862-3933 or e-mail info@whitemillschristiancamp.com

Make checks payable to White Mills Christian Camp. A deposit is due with registration form. Balance is due upon arrival. Mail Form & Fee to:
White Mills Christian Camp
P.O. Box 129
White Mills, KY 42788

CAMP OFFICE USE ONLY	
Total Registration Fee	\$ _____
Deposit Received	\$ _____
Amount Church will pay (SEE BELOW)	\$ _____
Scholarship	\$ _____
TOTAL AMOUNT DUE AT CHECK-IN	\$ _____
Date	_____
Check Number	_____
Registration Number	_____

FOR CHURCH USE ONLY
The _____
Church will pay \$ _____
Please bill the church
Minister's Signature _____
This must be signed by your minister or you will be billed for the camper fees.

2019 HEALTH INFORMATION FORM

The following information must be filled in COMPLETELY and signed by a parent/guardian.
Please complete BOTH SIDES of the health form.

Camp Week Name _____

Health Record

Camper's Name _____ Date of Birth _____

Emergency Phone #1 _____ Name _____ Relationship to Camper _____

Emergency Phone #2 _____ Name _____ Relationship to Camper _____

Authorization for Participation in Camp and for Medical Treatment

I, having the authority to consent for the minor's health care, do hereby delegate my authority to consent to said minor's care (named on this card) to White Mills Christian Camp. I grant permission for the caregiver to request and authorize any and all examinations, medical treatments, and/or procedures to or for the benefit of the minor as may be deemed advisable or appropriate by any physician licensed to practice medicine. I understand however that every effort will be made to contact me in case of such emergency and if possible, before any such medical treatment is administered. I hereby release White Mills Christian Camp from any responsibility other than normal supervision and care. In case of accident, I will not hold White Mills Christian Camp or its staff members, management, or officers liable unless guilty of negligence. I hereby give permission for any photos or video to be taken during camp to be used for promotional purposes.

PRINT PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____

Health Insurance Information

Insurance Company Name _____

Group Number _____ Policy Holder's Number _____

Policy Holder's Name _____

Family Physician _____ Physician's Phone (____) _____

(Continued on back)

	SESSION NAME	DATE	REGISTRATION FEE	DEPOSIT
Traditional Camps	<input type="checkbox"/> Buddy Day Camp (4 & 5 yr old)	June 15	\$40 (after May 1, \$45)	\$20
	<input type="checkbox"/> Overnighter (Grades K & 1)	June 14-15	\$80 (after May 1, \$85)	\$30
	<input type="checkbox"/> Jiffy Junior 1 (Grades 1 - 3)	June 23-26	\$125 (after May 1, \$135)	\$50
	<input type="checkbox"/> Jiffy Junior 2 (Grades 1 - 3)	July 21-24	\$125 (after May 1, \$135)	\$50
	<input type="checkbox"/> All Elementary 1 (Grades 1-5)	June 2-7	\$200 (after May 1, \$220)	\$100
	<input type="checkbox"/> All Elementary 2 (Grades 1-5)	July 14-19	\$200 (after May 1, \$220)	\$100
	<input type="checkbox"/> Junior 1 (Grades 3 - 5)	June 23-28	\$200 (after May 1, \$220)	\$100
	<input type="checkbox"/> Junior 2 (Grades 3 - 5)	July 21-26	\$200 (after May 1, \$220)	\$100
	<input type="checkbox"/> Middle School 1 (Grades 6-8)	June 9-14	\$205 (after May 1, \$225)	\$100
	<input type="checkbox"/> Middle School 2 (Grades 6-8)	July 7-12	\$205 (after May 1, \$225)	\$100
Specialty Camps	<input type="checkbox"/> High School (Grades 9-12)	June 30-July 5	\$205 (after May 1, \$225)	\$100
	<input type="checkbox"/> Performing Arts (Gr. 2-5)	June 16-19	\$135 (after May 1, \$145)	\$50
	<input type="checkbox"/> Sports (Gr. 2-5)	June 16-19	\$135 (after May 1, \$145)	\$50
	<input type="checkbox"/> Crafts (Gr. 2-5)	June 16-19	\$135 (after May 1, \$145)	\$50
	<input type="checkbox"/> Science (Gr. 4-7)	June 30-July 5	\$205 (after May 1, \$225)	\$100
	<input type="checkbox"/> All Girls (Gr. 5-9)	July 28-Aug. 2	\$205 (after May 1, \$225)	\$100
	<input type="checkbox"/> Leadership (Gr. 6-12)	June 16-21	\$205 (after May 1, \$225)	\$100
	<input type="checkbox"/> Preaching Camp (Gr. 9-12)	June 30-July 5	\$205 (after May 1, \$225)	\$100
Wilderness Camps	<input type="checkbox"/> Junior Wilderness 1 (Gr. 3-5)	June 19-22	\$125 (after May 1, \$135)	\$50
	<input type="checkbox"/> Junior Wilderness 2 (Gr. 3-5)	June 30-July 3	\$125 (after May 1, \$135)	\$50
	<input type="checkbox"/> Middle School Wilderness (Gr. 6-8)	June 23-28	\$205 (after May 1, \$225)	\$100
	<input type="checkbox"/> High School Wilderness (Gr. 9-12)	July 7-12	\$205 (after May 1, \$225)	\$100

INSTRUCTIONS

- ◆ Check the camp you are attending
- ◆ Please register by May 1 for best price.
- ◆ Be sure you include your deposit with your registration form.
- ◆ If your church is paying any part of the camp fees, this form must be signed by the minister.
- ◆ Camp weeks are determined by the GRADE you are FINISHING.
- ◆ You can also register online!

Health Information Continued

Camper's Name _____

Allergies: Please list any food or medication allergies, and describe the reaction and management of the reaction.

Allergy _____

Reaction/Management _____

Allergy _____

Reaction/Management _____

Medications: Medically necessary only. Please do not send vitamins or supplements. Please list ALL medications taken routinely. **You MUST keep medication in the original packaging/bottle that identifies the prescribing physician (if prescription), name of medicine, dosage and frequency.**

Medication and Dosage _____

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Medication and Dosage _____

List medical conditions or restrictions to be aware of & please describe.

Date of latest Tetanus Booster _____

Please indicate below your permission to administer these over the counter medications, or if you wish to be notified first.

Tylenol/Motrin Yes____ No____ Call First ____

Tums Yes____ No____ Call First ____

Ear drops Yes____ No____ Call First ____

Benadryl Yes____ No____ Call First ____

Neosporin Yes____ No____ Call First ____

Hydrocortisone Cream Yes____ No____ Call First ____