



# 2020 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](mailto:info@whitemillschristiancamp.com)

Deposits and late fees have been waived for this summer. Fees are due upon arrival at camp.

**White Mills Christian Camp**  
P.O. Box 129  
White Mills, KY 42788

## CAMP OFFICE USE ONLY

Total Registration Fee	\$due on arrival
Deposit Received	\$ _____
Amount Church will pay (SEE BELOW)	\$ _____
Scholarship	\$ _____
<b>TOTAL AMOUNT DUE AT CHECK-IN</b>	<b>\$ _____</b>
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.

# 2020 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)

Wilderness Camps

Specialty Camps

Traditional Camps

SESSION NAME	DATE	REGISTRATION FEE	DEPOSIT
<input type="checkbox"/> Buddy Day Camp (4 & 5 yr old)	June 27	\$40	\$0
<input type="checkbox"/> Overnighter (Grades K & 1)	June 26-27	\$80	\$0
<input type="checkbox"/> Jiffy Junior 1 (Grades 1 - 3)	June 21-24	\$125	\$0
<input type="checkbox"/> Jiffy Junior 2 (Grades 1 - 3)	July 19-22	\$125	\$0
<input type="checkbox"/> All Elementary 1 (Grades 1-5)	July 26-31	\$200	\$0
<input type="checkbox"/> All Elementary 2 (Grades 1-5)	July 12-17	\$200	\$0
<input type="checkbox"/> Junior 1 (Grades 3 - 5)	June 21-26	\$200	\$0
<input type="checkbox"/> Junior 2 (Grades 3 - 5)	July 19-24	\$200	\$0
<input type="checkbox"/> Middle School 1 (Grades 6-8)	August 2-7	\$205	\$0
<input type="checkbox"/> Middle School 2 (Grades 6-8)	July 5-10	\$205	\$0
<input type="checkbox"/> High School (Grades 9-12)	June 28-July 3	\$205	\$0
<input type="checkbox"/> Performing Arts (Gr. 2-5)	June 14-17	\$135	\$0
<input type="checkbox"/> Sports (Gr. 2-5)	June 14-17	\$135	\$0
<input type="checkbox"/> Crafts (Gr. 2-5)	June 14-17	\$135	\$0
<input type="checkbox"/> Science (Gr. 4-7)	June 28-July 3	\$205	\$0
<input type="checkbox"/> All Girls (Gr. 5-9)	July 12-17	\$205	\$0
<input type="checkbox"/> American Sign Language (Gr. 6-12)	June 14-19	\$205	\$0
<input type="checkbox"/> Baking (Gr. 6-12)	June 14-19	\$205	\$0
<input type="checkbox"/> Creative Arts (Gr. 6-12)	June 14-19	\$205	\$0
<input type="checkbox"/> Preaching (Gr. 6-12)	June 14-19	\$205	\$0
<input type="checkbox"/> Tech & Production (Gr. 6-12)	June 14-19	\$205	\$0
<input type="checkbox"/> Woodworking (Gr. 9-12)	June 14-19	\$205	\$0
<input type="checkbox"/> Junior Wilderness (Gr. 3-5)	June 28-July 1	\$125	\$0
<input type="checkbox"/> Middle School Wilderness (Gr. 6-8)	June 21-26	\$205	\$0
<input type="checkbox"/> High School Wilderness (Gr. 9-12)	June 14-19	\$205	\$0

**INSTRUCTIONS**

- ◆ Check the camp you are attending
- ◆ All fees are due upon arrival at camp. We prefer check or cash, but credit cards will be accepted (a 3% convenience fee will be charged for credit cards).
- ◆ 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 \_\_\_\_\_

Medication and Dosage \_\_\_\_\_

Medication and Dosage \_\_\_\_\_

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

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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 \_\_\_\_\_