

CASTLE HILLS CHRISTIAN CHURCH

6209 WEST AVE. SAN ANTONIO, TEXAS 78213 210-344-7188 chccsa.com

Overnight and Day Camp Registration

Basic Information

Child's Name	
Street Address, ZIP Code	
Parent's Name	
Parent's home/cell/work phone	
Parent's e-mail address	
Child's age/grade (2011-12)	
Child's t-shirt size	Child XS S M L XL Adult S M L

Overnight Camps: Journey with Jonah

- 4th – 5th Grade Camp** ___ \$110 (through May 8)
June 5 – 9 ___ \$120 (through May 15)
 ___ \$135 (after May 15)
- 1st – 3rd Grade Camp** ___ \$50 (through May 8)
June 12 – 14 ___ \$60 (through May 15)
 ___ \$75 (after May 15)

GenNext Day Camps

- Sports Camp** ___ \$30 (through May 22)
June 20 – 22 ___ \$40 (after May 22)
9 a.m. – 12 p.m.
- Cake Decorating Camp** ___ \$40 (through May 22)
June 20 – 22 ___ \$50 (after May 22)
12 p.m. – 4 p.m.
- Sports & Cake Decorating Camp (BOTH)** ___ \$60 (through May 22)
 ___ \$80 (after May 22)
- Cooking & Crafts Camp** ___ \$75 (through May 22)
June 27 – July 1 ___ \$85 (after May 22)
9 a.m. – 4 p.m. ___ \$15 for early (8 a.m.) and/or late (5 p.m.) pick-up

Please submit forms to church office or via U.S. mail, e-mail (ronnie@chccsa.com), or fax (344-0601).

Fees must be received and Registration and Medical Release forms received and filled out in their entirety by specified date in order to be considered registered and for discounts to apply.

Make checks payable to CHCC with camp(s) child is attending in the memo line.

DATE RECEIVED: _____

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Medical Release Form

I, the undersigned parent or guardian, hereby consent to my child participating in **GenNext Overnight and/or Day Camps** at Castle Hills Christian Church. I certify that my child is able to participate in all activities including but not limited to: swimming pool activities, waterfront activities, fishing, challenge courses, basketball, & field sports including, but not limited to softball, baseball, soccer, and volleyball.

List communicable diseases, serious illnesses, or surgeries which have occurred in the past 12 months:

List any known drug reactions/allergies:

All immunizations current and up-to-date? ___ Yes ___ No If no, explain _____

List any medications being taken: _____

Medication	Dosage/ Frequency	Physician
_____	_____	_____
_____	_____	_____

Who should be notified in case of an emergency? _____

Relationship _____

Home# _____ Work# _____ Cell# _____

ALL MEDICINE IS TO BE LEFT WITH CHILDREN’S MINISTER.

Insurance Co. _____ Policy# _____

Doctor’s Name _____

In case of emergency, I hereby give permission to the physician selected by the Children’s Minister to hospitalize, secure proper treatment for, and to order injection anesthesia or surgery for my child/children as named on this form. I understand that every effort will be made to contact me in case of such an emergency and, if possible, before any such medical treatment is administered. I hereby give permission for my child/children to take part in the swimming, and/or recreation programs. I hereby release Castle Hills Christian Church from any responsibility other than normal supervision and care. In case of an accident, I will not hold Castle Hills Christian Church or its staff members, volunteers, or officers liable unless guilty of negligence. I understand that all campers are to abide by the rules and be directly responsible to the to Children’s Minister and staff. If due to discipline problems the camper is required to leave, I will be responsible for returning the camper home. The information on this application is true and correct to the best of my knowledge.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

This form must be submitted with registration form and fee in order for registration to be complete.

Date received: _____