

## 2018 Overnight Camp Registration

### Basic Information

Child's Name	
Street Address, ZIP Code	
Parent's Name	
Parent's Cell Phone Number	
Parent's e-mail Address	
Child's Age/Grade (2018-19) School Year	

### CHCC Kids Overnight Camp

- 4<sup>th</sup> - 5<sup>th</sup> Grade Camp (Students who have completed 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> grade)**  
*Sunday, June 10 @ noon - Thursday, June 14 @ 4:00p*  
\_\_\_ \$110 (through May 6)  
\_\_\_ \$120 (through May 20)  
\_\_\_ \$135 (after May 20)

- 1<sup>st</sup> - 3<sup>rd</sup> Grade Camp (Students who have completed K, 1<sup>st</sup>, or 2<sup>nd</sup> grade)**  
*Sunday, June 17 @ noon - Tuesday, June 19 @ 4:00p*  
\_\_\_ \$50 (through May 13)  
\_\_\_ \$60 (through May 27)  
\_\_\_ \$75 (after May 27)



2018

World Cup



Please submit forms to the church office or via U.S. mail, e-mail ([clark@chccsa.com](mailto:clark@chccsa.com)), or fax (2103440601).

Fees must be received along with registration, medical release, and photograph/video/sound release forms filled out in their entirety by specified date in order to be considered registered and for discounts to apply. Make checks payable to Castle Hills Christian Church with the name of the camp (4<sup>th</sup>-5<sup>th</sup> Grade/1<sup>st</sup>-3<sup>rd</sup> Grade) at which your child is attending in the memo line.

# Medical Release Form

I, the undersigned parent or guardian of \_\_\_\_\_, hereby consent to my child participating in **CHCC Kids Overnight 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, 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: \_\_\_\_\_

List any medications being taken: \_\_\_\_\_

Medication:

Dosage/ Frequency:

Physician:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ALL MEDICINE IS TO BE LEFT WITH THE CHILDREN'S MINISTER.

Who should be notified in case of an emergency? \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home# ( ) \_\_\_\_\_ Work# ( ) \_\_\_\_\_ Cell# ( ) \_\_\_\_\_

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 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 children's minister and staff. If the camper is required to leave due to discipline problems, 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, photograph/video/sound release form, and fee in order for registration to be complete.*

Date received: \_\_\_\_\_

## Photograph/Video/Sound Release Form

I hereby give Castle Hills Christian Church permission to use photographs/video/sound of the adult(s) and the minor(s) named below for publicity, promotion, news releases, videos, and web use for CHCC Kids summer camps. This might also apply to the written composition or visual art of the minor(s) if it is published.

I understand that photographs/videos/sounds of the adult(s) and the minor(s) named below may be used on social media sites to inform parents of the activities in which their children are involved. I understand that names of minors will not be used on social media platforms whether or not photographs/videos/sounds will be posted of them without verbal consent from the parent/guardian of the minor(s).

I hereby release and discharge Castle Hills Christian Church from any and all claims arising out of the use of the photograph/video/sound which I or the minor child listed may have in this regard.

Name of child: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form must be submitted with registration form, medical release form, and fee in order for registration to be complete.*

Date received: \_\_\_\_\_