

## 2017 Overnight 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 (2017-18) 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 4 @ noon - Thursday, June 8 @ 4:00p*  
\_\_\_ \$105 (through May 7)  
\_\_\_ \$115 (through May 14)  
\_\_\_ \$130 (after May 14)

- 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 11 @ noon - Tuesday, June 13 @ 4:00p*  
\_\_\_ \$50 (through May 14)  
\_\_\_ \$60 (through May 21)  
\_\_\_ \$75 (after May 21)



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 and medical 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) which your child is attending in the memo line.

**CASTLE HILLS CHRISTIAN CHURCH**

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

**Medical Release Form**

I, the undersigned parent or guardian of \_\_\_\_\_, hereby consents 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: \_\_\_\_\_

Are all immunizations current and up-to-date? Yes \_\_\_ No \_\_\_ If no, explain \_\_\_\_\_

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

Medication	Dosage/ Frequency	Physician
_____	_____	_____
_____	_____	_____

**ALL MEDICINE IS TO BE LEFT WITH 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 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 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: \_\_\_\_\_