

Please use separate form for each camper



CAMP REGISTRATION FORM

Registering online is quick & easy at hartmancenter.com

Please use separate form for each camper

1st Choice: Code # _____ Event Name: _____ Dates: _____

2nd Choice: Code # _____ Event Name: _____ Dates: _____

NOTE: If your first choice is full at this time, your second choice will automatically be assigned.

Camper's Last Name: _____ First Name: _____ M.I. _____

Street Address: _____

City _____ State _____ Zip: _____

Grade completed this June: _____ Birth Date: _____ Male Female

Home Church: _____ City: _____

I would like to room with: _____ This is my _____ year at camp.

Bring a Friend Name: _____

If first time camper, referred by: _____

Name of Parent(s)/Guardian: _____

Home Telephone: () _____ Cell Phone: () _____

Work Telephone: () _____ Ext. _____ Email: _____

If not available in an **EMERGENCY** pleas Name _____

Relation to Camper: _____ Phone: () _____

Insurance Co.: _____

Address: _____ Phone: () _____

Policy #: _____ Group: _____

Doctor: _____ Address: _____ Phone: () _____

Is allergic to: _____ Food: _____

Notable Health, Behavioral, or Emotional Problems: _____

Are Immunizations Current? _____ Tetanus (date) _____ HIB _____

Current Medications: _____

Comments/Other Instructions: _____

• COMPLETE	
Total Due:	_____
Before 4/30:	_____
After 4/30:	_____
Camper Pd:	_____
Church Pd:	_____
Bal. Due:	_____

• EMAIL PERMISSION	
<input type="checkbox"/>	I would like to receive updates and information from Hartman Center about Youth and Outdoor Ministry Programs.

• OFFICE USE	
Postmark Date:	_____
Total Fee:	_____
Amt. Rec'd:	_____
Check #:	_____
Date:	_____
From:	_____
Amt. Rec'd:	_____
Check #:	_____
Date:	_____
From:	_____
Bal. Due:	_____

MEDICAL RELEASE:

This Health History is, so far as I know, correct and the person described has my/our permission to engage in all prescribed camp activities, except as noted by. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the Physician selected by the Director of Outdoor Ministries to hospitalize, secure proper treatment for, and to order injection, X-rays, anesthesia, or surgery for my child named above. I understand that every effort will be made to contact us. I give permission to administer over-the-counter medication, including, but not limited to Tylenol, Advil, TUMS, or Cough/Cold medicine, if deemed necessary by the Camp Nurse.

Parent or Guardian Signature: _____

Photo Permission: I give permission for photos of camp activities, which may include my child, to be used in camp promotional materials without liabilities or numeration.

Parent or Guardian Signature: _____ Date: _____