

Silver Heights Camp  
2011 Summer Youth Camp  
June 12 - 17, 2011; Ages 13-18; complete one form per child

(Please print all information)

**Camper Name:** \_\_\_\_\_

Camper Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Grade entering fall of 2010: \_\_\_\_\_

**T-shirt size:** (Circle one) S    M    L    XL    XXL (adult sized)

Church Affiliation: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

**Father/Mother/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

**Emergency Contact** (other than person listed above)

Name: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Person bringing youth to camp on June 14: \_\_\_\_\_

Person picking up youth on June 19: \_\_\_\_\_

**I give Silver Heights' Camp permission** to use my camper's photo in promotional material:

Yes    No    Signature: \_\_\_\_\_

**Medical Release/Information**  
**Must be signed by Parent/Legal Guardian**

**Camper's Doctor's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Camper's Dentist Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**List any known drug reactions/allergies:** \_\_\_\_\_

**List any medications camper is currently taking:** \_\_\_\_\_

ALL MEDICATIONS WILL BE DISPENSED BY THE CAMP STAFF AND KEPT IN A SECURE LOCATION. ALL MEDICINE MUST BE IN THE ORIGINAL CONTAINER FROM THE PHARMACY OR DOCTOR, INCLUDING OVER THE COUNTER MEDICATIONS. CAMPER WILL NOT BE ALLOWED TO KEEP ANY MEDICATIONS IN THE BUNKHOUSE AREA.

**Insurance Carrier:** \_\_\_\_\_

Policy Number/Group ID#: \_\_\_\_\_

Name of policy holder: \_\_\_\_\_

Included a copy of insurance card (both front and back, must be readable) YES NO

In case of an emergency or illness, I understand that every effort will be made to contact the emergency contact person/parent/guardian listed for my child. I give Silver Heights Camp (SHC), or any adult in whose care the minor has been entrusted, permission to seek medical treatment for my child. I give SHC permission to provide my child with medical treatment which may include, but is not limited to, the use of Tylenol, Advil, Motrin, Benadryl, Roloids, cough drops, Benadryl cream, Calamine, triple antibiotic ointment, or a generic equivalent to any of the above medications, physician consultation, urgent, emergency, and non-emergency medical treatment. I understand that the private health information on this form will only be used and shared for the purpose of medical treatment. I agree to indemnify and hold harmless Silver Heights, its staff, and volunteer leaders from any and all claims, damages, losses, injuries, and expenses arising out of or resulting from my child's participation in Silver Heights activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Financial Information

Camp Fee: \$135 if registered before May 31, 2011

\$150 if registered after June 1, 2011

Cost includes: lodging, food, activities, t-shirt, photo

**Fee Enclosed:**    \$135 fee for camp    YES                      NO                      Checks only, no cash/Credit)  
                                 \$150 fee for camp    YES                      NO                      Checks only, no cash/Credit)

(Please make checks payable to Silver Heights Camp; Currently, we do not have access to credit card processing.)

***Mail to: Silver Heights Camp, PO Box 1733, New Albany, IN 47151***

**Requesting scholarship assistance:**    YES                      NO

If yes, please attach a brief description of your need and include a \$10 deposit. You will be contacted to confirm your scholarship request. Please note that each scholarship will be donated on the basis of need and will require the completion of 20 hours of volunteer service at Silver Heights Camp.

## **Camp Guidelines:**

The following guidelines have been designed to insure the safety of all campers and to preserve an atmosphere of Christian fellowship. Both **parent and child** should read, discuss, and sign below. Both parent and child agree to:

- Participate in all camp activities to the best of my ability
- Remain within sight or sound of a camp counselor or staff at all times
- Not use profane, vulgar, or abusive language
- Not start, participate, or cheer fighting among other campers
- Not bring or use alcohol or narcotics of any kind, including cigarettes
- Will not bring lighters or explosives (including fireworks) or weapons of any kind
- Will show modesty in my choice of clothing. Will not wear tank tops/spaghetti strap tops to camp.
- Will not have any undergarments showing around the waistline. Shorts will be fingertip or longer.
- No two-piece swimsuits or shirts that bare the midriff will be allowed.
- Will wear proper footwear. Flip-flops can be worn in/to the shower area. Tennis shoes are recommended. To help focus on building relationships with God and others, I will not bring a CD player, Nintendo type games, cell phone, IPod, or other electronic devices to camp.
- I will not leave the property without prior written notice and approval from the director. Parents must check in at the Parnell Center when entering or leaving the property. Please cancel all appointments during the week of camp and reschedule them, so your child can have the best experience possible.

I have read and agree to the above policies and guidelines:

Camper's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Parental Consent and Liability Release Form

## To Whom It May Concern:

The undersigned does hereby give permission for our (my) child:

\_\_\_\_\_ (participant/camper), to attend and participate in all Silver Heights Camp ministry activities, events, and retreats during the period of June 14 - 19, 2008 and to travel with a Silver Heights Camp approved adult via a vehicle to the trip location and back.

**Liability Release:** in consideration of Silver Heights Camp allowing the participant to participate in youth activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Silver Heights Camp, its directors, employees, volunteers, and agents (collectively herein the "camp") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant while involved in camp activities. We (I) the parent(s) or legal guardian(s) of this participant hereby grant our (my) permission for the participant to participate fully in youth ministry activities, including trips away from the camp premises.

Further, authorization and permission is hereby given to said camp to furnish any necessary transportation (within the limitations of camp insurance and the law), food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify said camp for any liability sustained by said camp as the result of the negligent, willful or intentional acts of said camper, including expenses incurred attendant thereto.

**Transportation Permission:** The undersigned does also hereby give permission for our (my) participant to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by Silver Heights Camp. My camper and I understand that seat belts shall be worn on non-bus vehicles at all times during transportation.

**Medical Treatment Permission:** We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all cost and expense incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

Parent/Guardian Signatures: \_\_\_\_\_ / \_\_\_\_\_

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