

# Registration – Camp Mt. Hermon 2010

Circle the camp you want to attend:

Come Along With Me Weekend      Pre-Junior      Junior      Jr. High      Sr. High      Sr. High Weekend

Camper Name: \_\_\_\_\_ Gender: Male Female

Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Home Church: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home & Cell #: \_\_\_\_\_

Child Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Health Ins. Address: \_\_\_\_\_ Health Ins. Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Parents view of physical and mental condition: \_\_\_\_\_

Health conditions or medications: \_\_\_\_\_

Activities I do NOT want my child to participate in: \_\_\_\_\_

Person authorized to transport camper to/from camp: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Person NOT authorized to take child from camp: \_\_\_\_\_

I understand that all campers are expected to participate in the camp program and take direction from Camp Mt. Hermon directors and counselors. Campers who are consistently unable to follow Camp Mt. Hermon rules and take direction could, at the discretion of director and/or managers, be asked to leave. Parents, under these circumstances, would then be contacted to make arrangements to have their children picked up before the scheduled end of camp. I give permission for my child to make special trips and excursions under camp leadership. I give permission for my child to receive emergency care, if necessary. I give permission for my child's image to be used in future Camp Mt. Hermon promotional materials.

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

Fill out the registration and health form completely and mail to the director listed below of the camp you plan to attend. **Please make a copy of your child's health insurance card and include it with the forms.** The camper's own health insurance will provide primary coverage should the camper become sick or injured. The camp carries a very modest amount of insurance (secondary) for uninsured campers, and parents will be responsible for any costs that exceed the camp's coverage.

Come Along With Me (kindergarten – 2 <sup>nd</sup> ) June 4 – 6 \$50/pr	Pre-Junior (3 <sup>rd</sup> -4 <sup>th</sup> ) June 27 – July 1 \$125	Junior (5 <sup>th</sup> – 6 <sup>th</sup> ) June 20 – 26 \$150	Junior High (7 <sup>th</sup> – 8 <sup>th</sup> ) June 6 – 12 \$160	Senior High (9 <sup>th</sup> -12 <sup>th</sup> ) June 13 – 19 \$175	Sr. High Weekend (9 <sup>th</sup> -12 <sup>th</sup> ) Aug 6 – 8 \$60
Dalene Ward P.O. Box 817 Tonganoxie, KS 66086	Gloria Price 675 Wingard Road Independence, KS 67301	Cheryl Mishler 3016 Antelope Rd. Sabetha, KS 66534	Jim Therrien 1500 West Martin Cherryvale, KS 67335	Jen Jensen 1710 Plainview Ave. Seward, NE 68434	Sonja Griffith 105 N 13 <sup>th</sup> St. Kansas City, KS 66102
402-476-8350	620-331-0551	785-284-3722	620-330-2381	402-643-4032	913-621-1248
	Registration Incentive Deadline: June 11	Registration Incentive Deadline: June 4	Registration Incentive Deadline: May 21	Registration Incentive Deadline: May 28	