



2017 Summer - Camper Application

Dates & Fees

Visit www.harvestchristiancamp.org for information, online applications, online payments and more.

Check Any Camp to Attend

Please note that grades are based on where camper will be in the Fall of 2017

- | | | |
|--|---|--|
| <input type="checkbox"/> Teen Work Study (14 years - 12th Grade)
June 12 - 17
Early Bird Rate: \$95 with \$25 Deposit
Early Bird Deadline May 29th
Regular Rate: \$110
Registration Final Deadline: June 9th | <input type="checkbox"/> Junior Camp (Grades 6th - 8th)
June 27 - July 1
Early Bird Rate: \$185 with \$100 Deposit
Early Bird Deadline June 13th
Regular Rate: \$210
Registration Final Deadline: June 25th | <input type="checkbox"/> Day Camp (Ages 4 years - 7 years)
July 7th
Early Bird Rate: \$20 with full payment
Early Bird Deadline June 23rd
Regular Rate: \$25
Registration Final Deadline: July 4th |
| <input type="checkbox"/> Rookie Camp (age 8yrs -5th Grade)
June 20 - 23
Early Bird Rate: \$185 with \$100 Deposit
Early Bird Deadline June 6th
Regular Rate: \$210
Registration Final Deadline: June 18th | <input type="checkbox"/> High Life Camp (Grades 9th - 12th)
July 11 - 15
Early Bird Rate: \$185 with \$100 Deposit
Early Bird Deadline June 27th
Regular Rate: \$210
Registration Final Deadline: July 9th | <input type="checkbox"/> Out Reach Camp (14 years—12th grade)
July 17- 22
Early Bird Rate: \$150 with \$25 Deposit
Early Bird Deadline July 3rd
Regular Rate: \$185
Registration Final Deadline: July 15th |

*****To qualify for the Early Bird Rate this form must be completed on both front and back, and your deposit must be received or post marked by the deadline for your selected camp.*****
***** Late Registrations may mean your child will not get the correct size T-shirt or shirts may run out.*****

General Information

Camper Information

Name: _____
 Age: _____ Birthdate: _____
 Grade: (Fall of 2017): _____ Gender: M or F
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Cell (____) _____
 E-mail: _____
 Home Church: _____

T-Shirt Size: Check One Box
 (one t-shirt is included with registration fee)
 Child Sizes: YS(6-8) YM(10-12) YL(14-16)
 Adult Sizes: Small Medium Large
 XL XXL XXXL

Is there someone you want to bunk with? (Please pick 1 or 2 people that are within one year of your age.)

Parent Or Guardian Information

Name: _____
 Relationship: _____
 Check Box if Address is same as camper
 Address: _____
 City: _____ State: ____ Zip Code: _____
 Cell (____) _____ Home(____) _____
 E-mail: _____

Other Parent Or Guardian

Name: _____
 Relationship: _____
 Check Box if Address is same as camper
 Address: _____
 City: _____ State: ____ Zip Code: _____
 Cell (____) _____ Home(____) _____
 E-mail: _____

***** All deposits and registration fees are non-refundable, but are transferable*****

Harvest Christian Camp "Sponsor Child Fund"
 This fund helps disadvantaged youth to attend camp.
 If you would like to help with this please consider donating!

\$10 \$25 \$50 \$100 Other \$ _____

Special 2017 Camp Hoodies and Zippies
 Please check out our website to pre-order:
www.harvestchristiancamp.org

Mail Your Registration and Deposit to:
 Harvest Christian Camp
 9630 S CR 25 W Lewisville, IN 47352
 Phone: 765-987-7969 Fax 765-987-8296
 E-mail: harvestchristiancamp@yahoo.com
 Website www.harvestchristiancamp.org

For Office Use Only:
 Date Received: _____
 D/B Updated Total Due: _____
 Payment: _____ Balance _____

Please remember to fill out Release Form on Page 2!!

Harvest Christian Camp 2017 Summer Camp Consent Form

1. Camper's Name: First: _____ Last: _____
Date of Birth (mm/dd/yyyy) ___/___/_____ Age: _____ Male _____ Female _____

2. I, or the parent/guardian of the above named camper, consent to participating in the Harvest Christian Camp for the 2017 Summer Camp Season.

3. I agree that my participation or my child's participation in Harvest Christian Camp is purely voluntary. I agree not to hold Harvest Christian Camp, House of Prayer Ministries, and all officers, staff, and volunteers liable or responsible for any loss or injury sustained arising in connection with his/her participation in Harvest Christian Camp activities.

4. I, or the parent/guardian of the above named camper, agree that Harvest Christian Camp shall have the right, but not the obligation to use my or my child's photograph, likeness (including caricature), for their website, at any time and for any other purpose or materials the ministry deems necessary. The child's name **will not be used** with the photos. **Circle One Yes No**

In the event of an emergency who should we contact?

Name _____ relationship _____

Phone _____

Name _____ relationship _____

Phone _____

Medical Information

Health Insurance Company: _____ ID # _____

Tetanus Shot Date (mm/dd/yyyy): ___/___/_____

Allergies: Please list all food, medicine, and environmental allergies: _____

Special Problems: please list any mental, health, or behavior problems _____

Functional Limitations: please list any (walking, running, jumping, lifting etc...) _____

Are you presently under physicians or psychiatric care? Please Circle **Yes No** If yes please explain: _____

Are you currently on any prescribed or over the counter medicines? Please list (including inhalers, nebulizers, over the counter medicine, any pain or headache medication) _____

List any recent illness, injuries, or hospitalizations _____

If the volunteer is under age 18, does the parent or guardian give permission to give your child Tylenol, Motrin, Ibuprofen, Pepto Bismal, Cough Drops, Loradine (for Allergies), or Benadryl (for bee stings)?

Please Circle **Yes No** Please initial _____

Printed Name of Volunteer or Parent/Guardian: _____ date _____

Signature of Volunteer or Parent/Guardian: _____



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