



2018 Summer - Camper Application

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

<input type="checkbox"/> Rookie Camp June 19 - 22 (age 8yrs -5th Grade)	<input type="checkbox"/> Junior Camp June 26 - 30 (Grades 6th - 8th)	<input type="checkbox"/> High Life Camp July 10 - 14 (Grades 9th - 12th)	<input type="checkbox"/> Day Camp July 6th (Ages 4 years - 7 yrs)
◆ Regular Rate: \$210	◆ Regular Rate: \$210	◆ Regular Rate: \$210	◆ Regular Rate: \$25
◆ Application deadline: June 12th w/ \$100 deposit.	◆ Application deadline: June 19th w/ \$100 deposit.	◆ Application deadline: July 3rd w/\$100 deposit.	◆ Application Deadline: July 3rd
◆ Early Bird Rate: \$185 (Requires Application & \$100 Deposit) Early Bird Deadline: May 15th	◆ Early Bird Rate: \$185 (Requires Application & \$100 Deposit) Early Bird Deadline: May 15th	◆ Early Bird Rate: \$185 (Requires Application & \$100 Deposit) Early Bird Deadline: May 15th	◆ Early Bird Rate: \$20 (Requires Application & full payment.) Early Bird Deadline: May 15th

Applicants must submit application and \$100 deposit by the deadline or a **\$25 late fee** will be charged. (This is done in an effort to keep our rates from increasing.) Day Camp is excluded from this late fee.

All based on Fall of 2018 grade

- To qualify for the Early Bird Rate this form must be completed on both front and back, and your \$100 deposit must be received or post marked by the deadline of: **TUESDAY, MAY 15th.**
- Applications received after June 1st may cause your child to not get the correct size T-shirt or shirts may run out.
- All deposits and registration fees are non-refundable, but are transferable.

STEP ONE OF FOUR:

Camper Information

Name: _____

Age: _____ Birthdate: _____

Grade: (Fall of 2018): _____ Gender: M or F

Address: _____

City: _____ State: _____

Zip Code: _____ Cell (____) _____

E-mail: _____

Home Church: _____

T-Shirt Size: Check One Box— (One T-shirt included with paid 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.)

(Please know, specific bunk leaders cannot be requested.)

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: _____

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 \$ _____

Mail Your Registration and Deposit to:

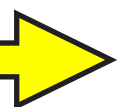
Harvest Christian Camp
9630 S CR 25 W Lewisville, IN 47352
Phone: 765-987-7969 Fax 765-987-8296
E-mail: harvestchristiancamp@yahoo.com
Website www.harvestchristiancamp.org

For Office Use Only:

Date Received: _____

D/B Updated D/B Date: _____ Total Due: _____ Payment: _____ Balance _____

STEPS 2-4 on reverse side.



Harvest Christian Camp 2018 Summer Camp Consent Form

STEP TWO OF FOUR:

1. Camper's Name: First: _____ Last: _____
Date of Birth (mm/dd/yyyy) ___/___/____ Age: _____ Male _____ Female _____
2. I, as the parent/guardian of the above named camper, consent to participating in the Harvest Christian Camp (HCC) for the 2018 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 acknowledge, for safety reasons, my child/teen cannot leave the HCC property without written permission on file in the office from the camp director. Last day of camp all campers under 18 yrs has to be signed out by a parent/guardian or youth leader.
5. I, as the parent/guardian of the above named camper, agree that HCC will 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. **Please Circle: Yes No Please initial _____**

STEP THREE OF FOUR:

Medical Information

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

Health Insurance Company: _____ ID # _____

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 _____

Age 18 and under campers, do you the parent/guardian give permission to HCC to administer: Tylenol, Motrin, Ibuprofen, Pepto Bismal, Cough Drops, Loradine (Allergies), or Benadryl (bee stings)? **Please Circle: Yes No Please initial _____**

In an emergency: Parent contact information provided on the front will be used first. Secondary, who can we contact?

Name(s) : _____ Relationship: _____

Phone : _____ OR _____

FINAL STEP—Sign, date, and deliver to HCC:

Printed Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____



Phone: 765-987-7969 Fax 765-987-8296
E-mail: harvestchristiancamp@yahoo.com
Website www.harvestchristiancamp.org

Thank You for applying! You will hear from us soon!