

**APPLICANT'S INFORMATION**

**\*FILL OUT COMPLETELY AND RETURN TO NEW HOPE BAPTIST CHURCH WITH \$10 NON-REFUNDABLE REGISTRATION FEE**

Registering as (circle one) Worker/Camper      Week Attending (circle choice) Jr. Camp / Teen Camp

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

Shirt Size (circle one) YS YM YL AS AM AL AXL AXXL      Church Now Attending \_\_\_\_\_

**PARENT'S INFORMATION** (fill out for campers and workers under 18 years old)

Full Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

**SECONDARY EMERGENCY CONTACT INFORMATION**

Full Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

**MEDICAL INFORMATION** (use additional paper if needed)

Allergies Yes / No (circle one - if yes, please explain) \_\_\_\_\_

Prescribed Medications and Dosages \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

Insurance Company \_\_\_\_\_ Policy Holder Name \_\_\_\_\_ Policy # \_\_\_\_\_ Group# \_\_\_\_\_

**For Applicants under 18 Years Old:** By placing my signature below, I, as the parent or legal guardian of the above applicant, am giving my permission for the above camper to attend Camp New Hope and any camp approved activity during the weeks of camp; I give my permission for the Camp New Hope staff or staff approved individuals to provide transportation to camp and any camp approved activity. I also give my permission for the camp staff to administer the above listed medication(s) in the prescribed dosage(s) to my child as needed while they are attending Camp New Hope. I give my permission for the camp staff to seek medical attention as they deem necessary for the above camper. I will not hold New Hope Baptist Church, the camp staff, or any other individual liable for any injuries that the above camper may sustain or financial burdens that may be incurred because of injury during Camp New Hope. I also agree to provide transportation for my child from the camp property if the camp staff deem it necessary for he/she to leave camp earlier than planned. **For Applicants of All Ages:** I will not hold New Hope Baptist Church, the camp staff, or any other individual responsible for any injuries that I may sustain or financial burdens that may be incurred because of injury or incident during Camp New Hope.

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