

Camper's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ T-shirt Size: \_\_\_\_\_

Street Address \_\_\_\_\_ Preferred Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female  
 This is a new address (in fall 2012)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Dorm Friends: (limit of two, must be requested by all families involved) 1. \_\_\_\_\_

Home Church Affiliation \_\_\_\_\_ 2. \_\_\_\_\_

New to Hickory Cove?  Yes  No If "yes," where did you hear about Hickory Cove? \_\_\_\_\_

### PARENT OR GUARDIAN INFORMATION

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

Name \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

### SECOND PARENT/EMERGENCY CONTACT

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

Name \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

### HOW TO CALCULATE MY CAMP COST (check the boxes that apply)

- Standard Camp Fee \$295
- Paintball Sign-Up (available for 6th-12th Grade) \$15
- Trading Post (\$25-\$30 Recommended) \$ \_\_\_\_\_

TOTAL FEES: ..... \$ \_\_\_\_\_

### Discounts Available

- April 16th Early Bird Discount Subtract \$30  
(check if you are mailing **by** April 16th)
- Multiple Child Discount Subtract \$30  
(check this for the second, third, and fourth child in your family attending Camp; **first child is full price**)
- Brand New Friend to Camp Discount Subtract \$30  
(use this discount if you are bringing someone to Camp who has **never** been to Camp before) Name of Friend: \_\_\_\_\_
- Scholarship Requested (Scholarship Applications available online)

TOTAL DISCOUNTS: ..... \$ \_\_\_\_\_

**TOTAL COST:** (Total Fees *minus* Total Discounts) ..... \$ \_\_\_\_\_

Amount Enclosed: (minimum \$50 non-refundable deposit to register) \$ \_\_\_\_\_

Balance Due: (Total Cost *minus* Amount Enclosed) \$ \_\_\_\_\_  
(Final payment due on arrival, or sooner if possible)

**PERMISSION & RELEASE AGREEMENT:** The above named minor has my permission, as his/her parent or legal guardian to attend Hickory Cove Bible Camp and to participate in all aspects of the program unless I notify the camp and have specified otherwise. I am aware that some of the activities carry an inherent risk of injury. These activities include but are not limited to: swimming, boating, water sports, field games, gymnasium sports, zip line, low ropes, paintball, archery, hiking, and off-campus trips. I knowingly assume full responsibility for all risk of injury. While precautions will be taken to ensure the welfare of all participants, Hickory Cove Bible Camp, its trustees, officers, staff, and volunteers are hereby released from any and all liability in the event of any accident, injury, or illness. I further hold such parties harmless and indemnify them against any cost or charge resulting from an incident involving my child. I give Hickory Cove permission to include my child in any camp photographs, video productions and/or promotional materials without further notification or permission. I recognize that if I do not carry personal medical insurance, I am responsible for all medical expenses incurred by my child while serving at Hickory Cove.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**Check the week you are registering for:**

- July 1-6 - First Baptist Hendersonville\*
- July 8-13 - 9th-12th Grade
- July 15-20 - 3rd-5th Grade
- July 22-27 - Biltmore Baptist\*
- July 29-August 3 - 6th-8th Grade

\*If you are registering as part of a church group, please contact your church youth leader about how you should register.

**PAYMENT METHOD:**

Check to "Hickory Cove Bible Camp"  
Credit Card:  Master  Visa  Discover

\_\_\_\_\_

Credit Card Number

\_\_\_\_\_

Expiration Date Security Code

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name



|                     |  |                  |  |
|---------------------|--|------------------|--|
| For Office Use Only |  | Date:            |  |
| Q #1                |  | Q #3             |  |
| Q #2                |  | Q #4             |  |
| Ob. Of Ind.         |  | HCBC Staff Init. |  |

**CONFIDENTIAL MEDICAL INFORMATION FORM**

Effective 1/14/11

*The following information is not part of the camper or staff acceptance process, but is gathered only to assist in identifying appropriate care.*

Full Name of Camper/Staff Member: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List any conditions requiring restrictions from activities or other considerations while at camp. Please give full details and initial below (use back for more details):

\_\_\_\_\_

\_\_\_\_\_

Please list all current medications being taken and reason for taking them: \_\_\_\_\_

(NOTE: All medications for campers must be turned over to Camp medical personnel during on-site camp check-in and **ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER FROM PHARMACY.**)

**Record of Past Medical Treatment:** (Indicate approximate date)

**Frequent Problems or Disease**

- |  |  |
|--|--|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Bleeding/Clotting |
| <input type="checkbox"/> Frequent Headaches      | <input type="checkbox"/> Seizures          |
| <input type="checkbox"/> Frequent Sore Throat    | <input type="checkbox"/> Diabetes          |
| <input type="checkbox"/> Heart Defect/Disease    | <input type="checkbox"/> Asthma            |
| <input type="checkbox"/> Bedwetting              | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Sleepwalking            | _____                                      |
|  | _____                                      |

**Allergies**

- |  |
|--|
| <input type="checkbox"/> Hay Fever     |
| <input type="checkbox"/> Ivy Poisoning |
| <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Chlorine      |
| <input type="checkbox"/> Drugs _____   |
| <input type="checkbox"/> Food _____    |
| <input type="checkbox"/> Other: _____  |

**Immunizations**

Immunizations up to date for school?  
 Yes  No

Date of last Tetanus shot: \_\_\_\_\_

Operations or serious injuries (dates): \_\_\_\_\_

Dietary restriction: \_\_\_\_\_

Name of Family Physician or Health Care Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of most recent physical exam: \_\_\_\_\_ (American Camping Association requires exam date within 24 months of attendance.)

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance:** Do you carry medical/hospital insurance?  Yes  No

If so, indicate Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**The camper, volunteer and/or parent/guardian are responsible for all bills for medical treatments incurred while participating in the Camp program at Hickory Cove Bible Camp.**

**IMPORTANT: THIS BOX MUST BE READ AND COMPLETED FOR ATTENDANCE**

**AUTHORIZATION FOR TREATMENT:**

By my signature below, I hereby give permission to the medical personnel selected by the Camp Administration to order X-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the above-named camper. In the event I cannot be reached in an emergency or am otherwise unable to communicate with Camp authorities, I hereby give permission to the physician selected by the Camp Administration to secure and administer treatment, including hospitalization, for the camper named above. This completed form may be photocopied. I hereby give permission for the information listed above, as well as any information concerning injury, illness, medical history, consultation, prescription, treatment or policy coverage for and about this camper, to be shared with necessary Camp personnel, outside medical personnel, pharmacists, and appropriate insurance company representatives, at the sole discretion of Hickory Cove Bible Camp, its staff and volunteers. I affirm that the above information is correct to the best of my knowledge, and I understand that it is my responsibility to update any and all information on this form if it changes between now and the start of my child's camp session.

Signature of adult Camper/Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian of minor Camper/Staff: \_\_\_\_\_ Date: \_\_\_\_\_