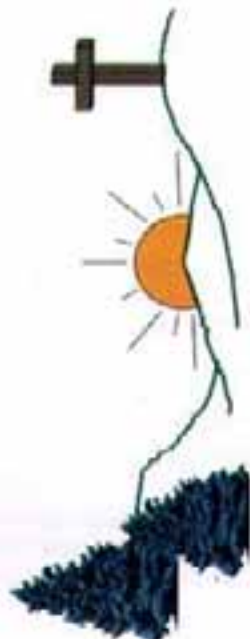


SCENIC HILLS CHRISTIAN CAMP



Shaping Lives for Christ

Scenic Hills Christian Camp
3005 Stonington Road
Mitchell, IN 47446

Phone (812) 849-CAMP

Email: scenic hills@msn.com
www.scenic hills camp.com

Danny Starr, Camp Manager

Scenic Hills Christian Camp

3005 Stonington Road • Mitchell, IN 47446

Where God
and a
good time
go together!

HEALTH INFORMATION

Camper Name _____ Birthdate _____

Parent's Name _____ Day Phone _____

Address _____ Night Phone _____

City _____ State _____ Zip _____

Family Doctor _____ Dr. Phone # _____

Is child currently on medications: YES _____ NO _____ If YES, list medications and instructions on a separate sheet of paper and give to camp nurse. **State requires all medications must be in original containers.** If there are over-the-counter medications that you DO NOT wish your child to take, please inform the camp nurse when you register at camp. Aspirin will NOT be given to campers.

Allergies _____

Date of last Tetanus Booster _____

Please list any health or physical limitations: _____

Medical Insurance Carrier _____

Member's Name _____ Policy # _____

CUT AND MAIL THIS SECTION

I authorize Scenic Hills Christian Camp to take and use any photographs, slides and video tapes of the camper named on this application as may be needed for its records or public relations programs. In the event of a medical emergency, I give permission for a representative of Scenic Hills Christian Camp to secure proper treatment for my child named herein. I understand that every effort will be made to contact me in case of such emergency before any such medical treatment is administered. I will not hold Scenic Hills Christian Camp or its staff, management or officers responsible for any illness or accident that may occur.

I understand camp insurance is secondary.

_____/_____/08
Parent or Legal Guardian Date

Program	Date	Grade*	Fee	Check-In**	Check-Out**	Director(s)
Junior I	June 1-6	4-5	\$160	5:00 - 6:00 pm	12 Noon	Jolinda Jones & Chris Wells
Junior High I	June 8-13	8-9	\$160	5:00 - 6:00 pm	12 Noon	Mitchell McIntyre
Intermediate I	June 15-20	6-7	\$160	5:00 - 6:00 pm	12 Noon	Rennie Fish
Primary Sleepover I	June 20-21	1-2	\$35	5:00pm	3:00 pm	Carolyn Hodges & Kim Chastain
High School	June 22-27	10-12	\$160	5:00 - 6:00 pm	12 Noon	Frank Spalding
Third Grade Camp	June 29-July 1	3	\$55	5:00 - 6:00 pm	12 Noon	Sha Marcum
Intermediate II	July 6-11	6-7	\$160	5:00 - 6:00 pm	12 Noon	Chris Tanner
Primary Sleepover II	July 11-12	1-2	\$35	5:00 pm	3:00 pm	Beth Day & Deanna Dumstorf
Junior High II	July 13-18	8-9	\$160	5:00 - 6:00 pm	12 Noon	Chad Stowers
Junior II	July 20-25	4-5	\$160	5:00 - 6:00 pm	12 Noon	Phil Tatom

HOW TO REGISTER FOR CAMP

- Complete the registration and medical forms. A parent or legal guardian must sign the medical form. If your church is paying a portion of the camp fee, a minister must complete and sign the 'church fee' box. Due to insurance policies, incomplete registration and/or medical forms will be returned.
- REGISTRATION FEE:** \$20 of your total camper fee is due with the registration form. This \$20 is a deposit and is non-refundable or non-transferable. The camper's balance is due at check-in. Any fees paid by your church will be charged to your church. **Those who send in the full payment will receive a 'dorm pass' and will not have to go through the registration line but may go straight to the dorm.**
Primary Sleepover and 3rd Grade campers will receive a free T-shirt and \$2 canteen card if registrations are postmarked by May 31st.
- Mail completed forms and \$20 registration fee to Scenic Hills Christian Camp.
- Upon receiving your completed registration forms and \$20 registration fee, we will send you the following:
 - Confirmation of your selected program and dates
 - Listing of fees received and balances due at check-in
 - List of camp policies and what-to-bring list
 - Dorm pass, if full payment is received
- Registrations and reservations will not be accepted over the telephone.
- Cancellations should be reported to the camp as soon as possible to allow another camper to fill the vacancy.
- Please notice the beginning and the ending times of each program on the schedule above. Campers are not to arrive earlier than registration time. All buildings will be locked until registration time.
- Registration forms may be printed from the camp's web site at: www.scenichillscamp.com

CUT AND MAIL THIS SECTION

REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Male/Female _____ Age _____ Birthdate _____

Grade entering in Fall 2008 _____ Phone _____

Parent(s) or Guardian _____

Home Church _____

Have you been baptized? Yes _____ No _____

Camp program attending _____ Date _____

FOR CAMP USE ONLY

Camper Fee _____

Less Reg. Fee _____

Less Discount _____

Less Church Contr. _____

Camper Balance _____

FOR CHURCH USE ONLY

The _____

Church will pay \$ _____

Signed _____

I am sending \$ _____ with card.
 I will pay \$ _____ at check-in.