

HILLCREST BAPTIST CAMP-ASSEMBLY, INC.
R.F.D. 1, Box 254 A
Cave-in Rock, IL 62919

CAMPER APPLICATION FORM

CAMPER

Name _____ Birth _____ Age ____ Gender? M ___ F ___
Address _____ City _____ ST ___ Zip ___
Parent/Guardian _____ City _____ ST ___ Zip ___
Home Phone (____) _____ Work (____) _____ E-Mail _____
In Emergency Notify _____ Relationship _____
Address _____ City _____ ST ___ Zip ___
Home Phone (____) _____ Work (____) _____ E-Mail _____
Church _____ Association _____ Pastor _____
Church Phone (____) _____ Pastor's Home Phone (____) _____
Church E-Mail _____ Pastor's E-Mail _____

HEALTH HISTORY

Health problems _____ Diseases _____
General Allergies _____ Medical allergies _____
Subject to: (check) Sleep walking _____ Bedwetting _____ Fainting _____
Constipation _____ Diarrhea _____ Other _____
Recent exposures _____
Operations or serious injuries: Describe & dates _____

Immunizations up-to-date? Print dates: Tetanus _____ TB Skin Test _____
Any swimming or activity limitations? _____
Any required medical or dietary regime? _____
Any specific activities to be encouraged? _____
Family Physician _____ Address & Phone _____
Other facts or suggestions? _____

The Health History is correct as far as I know and the person herein described has permission to come to Camp and engage in all prescribed activities as noted.

Emergency Authorization and Release From All Medical, Media and Other Claims:
I hereby give permission to the Camp Directors, Camp Leaders or the medical personnel selected by Hillcrest or their designee to administer the above medications, or others and to obtain tests and treatment for my camper in the event of an emergency and I cannot be reached. I further authorize the release of the above medical information to appropriate personnel and/or health coverage insurance companies.

I do hereby release from all claims and forever hold harmless the directors, officers, employees and volunteer staff of Hillcrest Baptist Camp-Assembly, Inc., churches, associations and conventions from any and all claims including media and other claims and demands for personal injury, sickness, death etc., as well as property

damage and expenses of any nature incurred by my camper while attending a camp, overnigher, orientation or staff training.

I understand my insurance will be considered the primary carrier. I further understand in the event no insurance is provided by the parent, family, guardian, etc. I shall be responsible for any medical expenses.

Signature of Parent/Guardian/Representative Witness Date

I understand and agree to abide with the restrictions placed on my activities by my parent/guardian/representative and/or Camp or Hillcrest authorities.

Signature of Camper Parent/Guardian/Representative as Witness Date

MEDICAL INSURANCE

Insurance issued in the name of _____

Address _____ City _____ ST ___ Zip _____

Is the Camper covered? _____

Name of Insurance Company _____ Agent _____

Address _____ City _____ ST ___ Zip _____

Phone (____) _____ Policy Number _____

The above medical insurance information is true and correct.

Signature of parent/guardian/representative Witness Date

CAMPER INSURANCE: (PLEASE READ)

Every camper, staffer, etc. is required by law to pay 35 cents per camper day for individual insurance coverage. The total is to be paid along with the Camp contribution fee of \$7 per day per camper for partner churches and \$10 per day per camper for non-partners. In addition, the Camp still has to pay for insurance to cover campers, etc. so Hillcrest has not been relieved of any expense. Your understanding, cooperation and assistance will be appreciated. THANK YOU!