

Please completely fill out both sides of this form and sign and send in! Thank-you. Camp is set up to be a maximum of 1:4 ratio with campers to counselors. If your student needs 1:1 care this must be discussed with the Executive Director ahead of time.

**CAMPER INFO**

Name (First, Last) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Camper E-mail \_\_\_\_\_  
First time at Fahocha? Yes \_\_\_\_\_ No \_\_\_\_\_  
Grade (as of the 2018–2019 school year) \_\_\_\_\_  
Church \_\_\_\_\_  
Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age \_\_\_\_\_ Male or Female \_\_\_\_\_  
Cabin Partner (s) \_\_\_\_\_  
Please specify the camp (s) and date (s) you are registering for  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Deposit \$ \_\_\_\_\_ Check or money order # \_\_\_\_\_

**Registrations must include a \$19 deposit for all beginner camps, and a \$39 deposit for all other camps. We require a deposit for each camp registered for. Scholarships are available on a limited basis. A deposit is still required! Please call ahead for scholarship approval or pay the deposit and circle below what level of scholarship you are requesting.**

**\$30 \$60 \$90 \$120 \$150**

How did you hear about us?  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN INFO**

Parents/Guardians (First & Last Names) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail \_\_\_\_\_  
Child lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father  
\_\_\_\_\_ Grandparents \_\_\_\_\_ Guardian  
\_\_\_\_\_ Mom / Step parent \_\_\_\_\_ Dad / Step parent  
Any Custody issues to be aware of? \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFO**

Please bring original prescription containers for any medication. Thank you!

Any known communicable diseases? (please explain) \_\_\_\_\_  
\_\_\_\_\_  
Any Allergies? (please explain) \_\_\_\_\_  
\_\_\_\_\_  
Any issues, conditions, or disabilities to be aware of? \_\_\_\_\_  
\_\_\_\_\_  
Any restricted activities? (Please explain) \_\_\_\_\_  
\_\_\_\_\_  
Any medications? (please explain) \_\_\_\_\_  
\_\_\_\_\_  
May we treat headaches with Tylenol? \_\_\_\_\_ Ibuprofen? \_\_\_\_\_  
Health Insurance: Y\_\_\_\_ N\_\_\_\_  Medicaid  IHS  Medical Sharing Plan  
**PLEASE INCLUDE A PHOTOCOPY OF BOTH SIDES OF YOUR INSURANCE CARD**

**MEDIA, MEDICAL, BEHAVIOR RELEASE FORM**

*As a parent/guardian, I give my permission for my child's image/voice to appear on any camp promotional audio/visual materials. Also, as a parent/guardian, I give permission for Fahocha to treat minor medical (ie. Cuts, sprains) issues as well as to seek emergency medical treatment if deemed necessary while endeavoring to contact parent/guardian as soon as possible. Lastly, as a parent/guardian, I give permission for my child to attend Fahocha Bible Camp while adhering to all camp rules and behavioral policies, and understanding that failure to follow the rules could result in a campers early dismissal at the parent/guardians expense.*

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Parent/guardian Signature \_\_\_\_\_  
Parent/guardian Print \_\_\_\_\_  
EMERGENCY CONTACT(S) OTHER THAN PARENT / GUARDIAN  
Name \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Name \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_