

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 \$25 deposit for all beginner camps, and a \$49 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
Name of Health Plan _____
Health ID Number _____

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 (____) _____ - _____