

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 of counselors to campers. 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 \$59 deposit for person and 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 desired. If there is another organization or church that is paying for the camp fee a deposit is not required.

\$40 \$80 \$120 \$160

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 (____) ____ - ____