

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 2023 - 2024 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 \$49 deposit for person and camp registered for.**  
*Scholarships are available if you need one. A deposit is still required! If you pay the deposit and circle below what level of scholarship you want, we will seek to honor the level of scholarship desired. If there is another organization or church that is paying for the camp fee, a deposit is not required.*

**\$60   \$100   \$140   \$180**

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 (\_\_\_\_) \_\_\_\_ - \_\_\_\_