

# Camp Registration Form 2025

Please completely fill out **BOTH** sides of this form and sign and send in! Thank-you.

## REGISTRATION INFO

Please specify the camp (s) and date (s) you are registering for

\_\_\_\_\_

Cabin Partner (s) \_\_\_\_\_

**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.*

(For FaHoCha Scholarships) **\$100** **\$150** **\$180** **\$220**

(For other Scholarships) **Sponsoring Church/Organization** \_\_\_\_\_

Deposit \$ \_\_\_\_\_ Check or money order # \_\_\_\_\_

## CAMPER INFO

Name (First, Last) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Camper E-mail \_\_\_\_\_

Grade (as of the 2024 -2025 School year) \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age \_\_\_\_\_ Male or Female \_\_\_\_\_

Church \_\_\_\_\_

First time at Fahocha? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Spent the night away from home without family before? Y \_\_\_\_\_ N \_\_\_\_\_

Anything else we should know? \_\_\_\_\_

## 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? \_\_\_\_\_

## BEHAVIOR RELEASE FORM

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/guardian's expense.

*\*Guidelines can be found at [fahocha.org](http://fahocha.org) on the "Youth Camp Info" page\**

Parent/guardian Signature \_\_\_\_\_

Parent/guardian Print \_\_\_\_\_

## MEDIA 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. *(Please email the camp office at [admin@fahocha.org](mailto:admin@fahocha.org) if it is an extreme circumstance and it is absolutely necessary that your camper does not appear in any camp media.)*

Parent/guardian Signature \_\_\_\_\_

Parent/guardian Print \_\_\_\_\_

## MEDICAL INFO

Does your camper require 1:1 assistance? Y\_\_\_\_\_ N\_\_\_\_\_

Any known communicable diseases? (please explain) \_\_\_\_\_

\_\_\_\_\_

Any Allergies? (please explain) \_\_\_\_\_

\_\_\_\_\_

Any issues, conditions, or disabilities to be aware of? \_\_\_\_\_

\_\_\_\_\_

Any medical concerns? (Please explain) \_\_\_\_\_

\_\_\_\_\_

May we treat headaches, pain, or fever with Tylenol? \_\_\_\_\_ Ibuprofen? \_\_\_\_\_

Can we administer melatonin upon request by your camper? Y\_\_\_\_\_ N\_\_\_\_\_

If yes, please provide a dosage in mg: \_\_\_\_\_

Health Insurance: Y\_\_\_\_\_ N\_\_\_\_\_  Medicaid  IHS  Medical Sharing Plan

Name of Health Plan \_\_\_\_\_

Health ID Number \_\_\_\_\_

## PRESCRIPTION MEDICATIONS

*Please list ALL prescription medication, over-the-counter and non-prescription drugs taken routinely. All drugs must remain in the original container. Thank you!*

### Medication 1

Name \_\_\_\_\_ Dosage \_\_\_\_\_

Instructions on Medication Administration \_\_\_\_\_

\_\_\_\_\_

Reason \_\_\_\_\_

### Medication 2

Name \_\_\_\_\_ Dosage \_\_\_\_\_

Instructions on Medication Administration \_\_\_\_\_

\_\_\_\_\_

Reason \_\_\_\_\_

### Medication 3

Name \_\_\_\_\_ Dosage \_\_\_\_\_

Instructions on Medication Administration \_\_\_\_\_

\_\_\_\_\_

Reason \_\_\_\_\_

## EMERGENCY CONTACT(S) OTHER THAN PARENT / GUARDIAN

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## PARENT / GUARDIAN AUTHORIZATION

The information given in this form is complete and accurate to the best of my knowledge. I hereby give my permission for my camper to participate in all camp activities.

1. I hereby give my permission for FaHoCha Bible Camp to use or disclose Protected Health Information (PHI) to necessary staff and any volunteer or paid health care professional or facility for diagnosis, treatment, testing, health care needs, emergency medical care or coverage information for my camper if necessary.
2. I hereby give my permission to FaHoCha Bible Camp medical/nursing staff, volunteer physicians and volunteer medical/nursing staff to administer prescribed medication, provide health care, and seek emergency medical care. I hereby give my permission to FaHoCha Bible Camp to provide or seek transportation to medical facilities for my camper.
3. I HEREBY GIVE MY PERMISSION FOR FAHOCHA BIBLE CAMP MEDICAL/ NURSING STAFF AND VOLUNTEER MEDICAL/NURSING STAFF TO ADMINISTER OVER-THE-COUNTER MEDICATIONS TO MY CAMPER AS NEEDED.
4. I understand that the Nurse Manager and/or the Camp Director reserves the right to send home a camper whose medical condition becomes unmanageable and/or places the camper or FaHoCha Bible Camp at risk in the Camp environment.
5. I agree to make FaHoCha Bible Camp aware of all known medical issues regarding my camper's health and will update this form with additional issues that may occur between now and the start of camp.

Parent/Guardian Signature \_\_\_\_\_