



# Hidden Acres Summer Camp Registration

**Mail to:**  
**Hidden Acres**  
**Christian Center**  
**3837 Union Ave**  
**Dayton, IA 50530**  
**Phone 515-547-2751**  
**Fax 515-547-2752**

## Personal Information

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Parent/Guardian Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Parent/Guardian Email \_\_\_\_\_  
Camper Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                  **M      D      Y**  
Grade entering Fall 2012 \_\_\_\_\_ Circle One: Boy Girl  
T-Shirt Size (Circle) (Child) S M L (Adult) S M L XL XXL  
Parent/Guardian Name \_\_\_\_\_

## Payment Information

Payment enclosed \_\_\_\_\_ (\$89 required minimum)  
Check # \_\_\_\_\_  
Credit card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
                                  exp \_\_\_\_/\_\_\_\_ (Visa-Mastercard-Discover accepted)  
Amount to charge \$ \_\_\_\_\_  
Signature \_\_\_\_\_  
Home Church/City \_\_\_\_\_  
**Church Voucher** (check one): \_\_\_\_ enclosed, \_\_\_\_ will send/  
bring, \_\_\_\_ N/A (Voucher must be received at or before check-in  
or parent/guardian will be expected to pay the remaining balance.)

## Additional Information

Does your child have any special needs that Hidden Acres should anticipate (examples: medications\*, diabetes, asthma, physical/mental/behavioral challenges, communication or cultural difficulties, ADHD, etc)?  
\_\_\_\_\_  
\_\_\_\_\_

*\*All medicine must be brought in original container. See Important Parent Information sheet.\**

Check box if you feel your child requires an extra counselor in their cabin (not guaranteed).

Camper Allergies? \_\_\_\_\_

Allergies life-threatening? \_\_\_\_\_

Special Diet? \_\_\_\_\_

Tetanus shot date \_\_\_\_/\_\_\_\_/\_\_\_\_

May over the counter medications be given?  
Yes / No (circle one)

**Emergency Contact #1** (Parents will be contacted first.)

Name \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact #2**

Name \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Insurance** Company \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Policy # or SSN \_\_\_\_\_

**Don't forget about the \$20 off early bird discount if mailed before April 1st!!**



**Check out our website for new online registration!!!! It's easy to use! Try it!**

Camper Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_

Camp attending \_\_\_\_\_

Cost of camp \$ \_\_\_\_\_

Date of camp attending \_\_\_\_\_ - \_\_\_\_\_

Cabin bunkmate request (Limit 2)

1. \_\_\_\_\_

2. \_\_\_\_\_

Siblings attending camp How many? \_\_\_\_\_

Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where did you get this form? (Check one)  
\_\_\_\_ HA mailing, \_\_\_\_ Website, \_\_\_\_ Church Visit,  
Other (If so, specify: \_\_\_\_\_)

1. In case of medical emergency, every attempt will be made to contact a parent/guardian. If parent/guardian cannot be found I hereby give permission to the physician selected by Hidden Acres to hospitalize and secure proper treatment for my child.
2. I give my permission for the use of the camper's name and picture in any media account of this event.
3. I grant my camper permission to participate in camping activities, and covenant with Hidden Acres that I will never institute any action against Hidden Acres in regard to any personal injuries or injuries to property arising from any camping or related activities.
4. I understand and acknowledge that camp activities have inherent dangers that no amount of care, caution, instruction, or experience can eliminate, and I expressly and voluntarily assume all risk of personal injury sustained while participating in these activities whether or not caused by the negligence of the released parties.

Parent/guardian signature (required for registration). Date signed: \_\_\_\_/\_\_\_\_/\_\_\_\_