



Summer Camp Registration 2023

Personal Information

Camper Name _____

Address _____

City _____

State _____ Zip _____

Parents/Guardian Name _____

Home Phone (_____) _____ - _____

Parent/Guardian Cell Phone (_____) _____ - _____

Parent/Guardian Email _____

Camper Birth Date _____ / _____ / _____
Month Day Year

Emergency Contacts

An attempt will be made to contact parents first

Emergency Contact #1 (NOT A Parent/Guardian)

Name _____

Phone Number (_____) _____ - _____

Emergency Contact #2 (NOT A Parent/Guardian)

Name _____

Phone Number (_____) _____ - _____

Camp Registration

Circle One: **Boy** **Girl** Grade Entering Fall 2023 _____

Session Attending _____
(Be specific! Ex: Junior Residential, WIT!)

Cost of Session \$ _____

Date of Session Attending _____ - _____
(Ex: 6/4 - 6/9)

Additional Information

T-Shirt Size (Circle) **Child** S M L **Adult** S M L XL XXL XXXL
(Free T-shirt - sizes are final)

Home Church and City _____

Bunk Mate Request (Limit of 2) Campers must be in the same specific session & age grouping. For example: Junior & Jr High do NOT bunk together, Residential & Basketball do NOT bunk together.
New requests or changes must be submitted at least one week prior to camp arrival.

1. _____

2. _____

Siblings: Number Attending Camp _____

Names: _____

Payment Information

Payment enclosed \$ _____
(**\$95.00 non-refundable minimum deposit required**)

Check # _____

Credit Card # _____ - _____ - _____

Exp. ____/____ CVS 3-digit # _____
(Located on back of card)

Please circle one: **Visa** **Mastercard** **Discover** **Amex**

Signature _____

Early Bird Discount: Hidden Acres will credit your account for \$20 if registration is received in our office by March 31st.

**For more summer camp info
or to register online, go to
www.hacamps.org**



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Camper Name _____

Medical Information

Insurance Company _____

Policy Holder's Name _____

Policy # or SSN _____

Policy Holder's Birthdate _____ / _____ / _____
Month Day Year

Please attach a copy of your insurance card

☐ Check box if you feel your child requires an extra counselor in their cabin (not guaranteed) and explain why in the Special Needs section below.

May over the counter medications be given? Yes / No
(Circle One)

Tetanus shot date _____ / _____
Month Year

Camper Allergies _____

Special Diet _____

Special Needs _____

All medicine must be brought in original container along with a clean empty weekly pill organizer. Additional medication/health information may be found online at www.hacamps.org.

If your child is in Fishing, Junior Wilderness, Advanced Wilderness, Culinary Camp, Woodworking, Cross Country, or Rough Riders, do you give permission for your child to leave Hidden Acres as part of the camp experience?

YES or NO _____
(Please circle one) Parent/Guardian Signature

Mail to: Hidden Acres Christian Center
3837 Union Ave, Dayton IA 50530
Fax to (515) 547-2752
Email: summer.camp@hacamps.org

Please Read and Sign

I acknowledge that participation in camp activities involves risk to my Camper and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in camp activities, the Camper (or parent/guardian if Camper is a minor) acknowledges and accepts the risks of injury associated with participation in camp activities as well as transportation to activities, if applicable. The Camper (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during camp or during transportation to activities, if applicable, as well as for any medical treatment rendered to the Camper that is authorized by Hidden Acres or its employees, volunteers or any other representatives (collectively, referred to hereinafter as "Hidden Acres Christian Center"). Further, the Camper (or parent/guardian) releases and promises to indemnify, defend and hold harmless Hidden Acres Christian Center for any injury arising directly or indirectly out of camp activities as well as transportation to activities, if applicable, whether such injury arises out of the negligence of Hidden Acres Christian Center, the Camper, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Camper (or parent/guardian) agrees to resolve

the matter through a mutually acceptable alternative dispute resolution process. If the Camper (or parent/guardian) and Hidden Acres Christian Center cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Media Statement: I grant permission to Hidden Acres to record, by videotape, photograph, or other means of reproduction, the voice, image, and physical likeness of my camper and to use any such recorded material for promotional and marketing purposes, such as printed brochures, social media websites, Hidden Acres' website and other forms of electronic publications, without further consent or compensation.

Do you agree to the media statement above?
____ Yes ____ No

THIS IS A RELEASE, WAIVER, AND INDEMNIFICATION AGREEMENT—READ CAREFULLY BEFORE SIGNING.

If you are in agreement with and understand the statements above, please sign below. If you do not sign below, your registration will be considered null and void, it will not be accepted by Hidden Acres Christian Center, your payment will be returned, and your camper will not be registered for summer camp.

Parent/Guardian Signature
(required for registration)