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# CAMPER APPLICATION



Make checks or money orders payable to  
Camp Hickory Hills & mail to:

Camp Hickory Hills  
c/o Tennessee Church of God of Prophecy  
P.O. Box 2319 • Hendersonville, TN 37077-2319

## ALL AREAS MUST BE FILLED OUT & SIGNED OR APP MAY BE RETURNED!

<b>BIG SHOT</b> Ages 6 - 8 <input type="checkbox"/> Parent <input type="checkbox"/> Child	<b>JUNIOR</b> Ages 8 - 10 <input type="checkbox"/>	<b>PRE-TEEN</b> Ages 10 - 12 <input type="checkbox"/>	<b>TEEN CAMP</b> Ages 12 - 14 <input type="checkbox"/>	<b>SENIOR</b> Ages 15 - 18 <input type="checkbox"/>
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TUITION	JR, PRE-TEEN, TEEN, SR	BIG SHOT	BIG SHOT PARENT
Postmark before May 1st	\$100.00	\$68.00	\$68.00
Postmark after May 1st to May 31st	\$115.00	\$83.00	\$83.00
Walk-in (After June 1st DO NOT MAIL)	\$125.00	\$93.00	\$93.00

**Applications for minors must be filled out and signed by a parent or guardian with legal custody.**

Last Name _____	First Name _____	Name _____	Legal Custody? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address _____ Apt # _____		Father/Grandfather/Legal Guardian	
City, State, Zip _____		Day Phone _____	Cell Phone _____
Day Phone _____	Cell Phone _____	Name _____	Legal Custody? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth _____ Present Age _____ Gender M or F _____		Mother/Grandmother/Legal Guardian	
Email Address _____		Day Phone _____ Cell Phone _____	
Circle Shirt Size:    YS    YM    YL    S    M    L    XL    2XL    3XL			

<b>Camper applications are accepted without regard to sex, race, color, religion, national origin or physical or mental handicap.</b>	<b>Names of persons (other than parents) to whom camper may be released.</b> (For safety reasons camper may not be released to anyone other than those listed below)				
Home Church Name / Affiliation (Ex. Crossroads COGOP) _____	<table style="width: 100%;"> <tr> <th style="text-align: center;">Name &amp; Daytime Phone</th> </tr> <tr> <td>1. _____ (____) _____</td> </tr> <tr> <td>2. _____ (____) _____</td> </tr> <tr> <td>3. _____ (____) _____</td> </tr> </table>	Name & Daytime Phone	1. _____ (____) _____	2. _____ (____) _____	3. _____ (____) _____
Name & Daytime Phone					
1. _____ (____) _____					
2. _____ (____) _____					
3. _____ (____) _____					

**Cabin Roommate Preference (optional) | Please list roommate preference(s) below. (No more than 2)**

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

**Statement of Certification and Understanding | Media Release**

I certify that all the information provided on this application is accurate to the best of my knowledge. I understand that, in signing this application, I am agreeing to abide by all the policies and discipline of the camp (referring to all camps and retreats sponsored by the Church of God of Prophecy), it's administration, staff and personnel. Any conduct incompatible, inconsistent or conflicting with the mission of Camp Hickory Hills as a Christian camp will constitute reason or cause for dismissal from camp and/or the decision to refuse acceptance to future camps. In signing, I also give permission for this camper to participate in camp pictures and video. The pictures or video may be used in camp slide shows that are distributed to each camper and also published to social media for camp promotion and updates. If you do not wish for your child to participate in camp pictures or video, please attach a note stating this request and sign it.

*Required:*

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Swim Release:**

For and in consideration of attendance at Camp Hickory Hills by the camper named on this application, we, the undersigned, do hereby release and discharge Camp Hickory Hills, The Church of God of Prophecy (state and international headquarters), the directors and all other staff members of the camp from any and all liability for any injuries suffered by the camper while in attendance at Camp Hickory Hills and while using the swimming area and swimming pool for recreation. In signing this form, the camper and his/her parents (if the child is the age of 18) agree that the camper has full consent and permission to use the swimming pool located at the campsite in Dickson, Tennessee.

Yes, the camper has my permission to swim.

No, this camper does not have my permission to swim.

Parent/Guardian | Camper (If over 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Baptismal Release:**

Water baptism is offered to campers during camp. We, the Church of God of Prophecy, teach baptism as an outward expression of our commitment to follow Christ and His example. This does not make a person a Christian or a member of the church.

Yes, the camper has my permission to be baptized.

No, this camper does not have my permission to be baptized.

Parent/Guardian | Camper (If over 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Data:**

Please check any of the following conditions that are applicable.

- Rheumatic Fever
- Tuberculosis
- Sugar diabetes
- Heart Trouble
- Serious ivy/oak/sumac poisoning
- Recent illness

- Convulsions
- Fainting
- Asthma
- Sleepwalking
- Kidney trouble
- ADD/ADHD

**Allergic reactions to:**

- Bee/Wasp Stings
- Penicillin
- Food
- Other: \_\_\_\_\_

Recent Operations: \_\_\_\_\_

Special needs (including dietary needs): \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Medications taken on a regular basis: \_\_\_\_\_

(Note: All medications must be administered by camp medical personnel who will be present at registration to collect medications.)

Current weight: \_\_\_\_\_ Date Recorded: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Most recent tetanus shot: \_\_\_\_\_

\* Please check your child for lice before they arrive at camp. We cannot allow children with lice to remain at camp due camp policy.

**Emergency Information:** Please attach a copy of your insurance card.

Insurance Company: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

If parents cannot be reached in an emergency situation please notify:

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Medical Consent:**

In the case of an emergency, I understand that every effort will be made to contact me (parent/guardian). In the event I cannot be reached, I hereby give my permission to the camp director and physician selected by the camp to secure proper treatment for, to hospitalize, and to order injection, anesthesia, and/or surgery for the camper. I understand that if any accident or sickness should occur which is not covered by camp insurance, it is my responsibility and the camp will not be liable for any of the expenses incurred in such cases. Signature of Consent: \_\_\_\_\_

Parent/Guardian | Camper (If over 18): \_\_\_\_\_ Date: \_\_\_\_\_

Payment Information	Office Use Only
<p>Please indicate amount enclosed \$ _____</p> <p><b>PLEASE PAY FULL TUITION IF POSSIBLE.</b></p> <p>In the event applicant is unable to attend camp, tuition (with the exception of the \$10.00 deposit) is refundable or transferable.</p> <p>Application must be accompanied by a minimum \$10.00 non-refundable (only transferable) deposit. <b>DO NOT SEND CASH!</b></p> <p><b>Please make check/money orders payable to Camp Hickory Hills</b></p>	<p>Date received: _____ Date of response: _____</p> <p><b>PAYMENT INFORMATION</b></p> <p>Check#: _____ Check# _____</p> <p>Rate: _____</p> <p>Cash: _____ Other Fees: _____</p> <p>Money Order # _____ Less Deposit Rcv'd _____</p> <p>Return Ck# : _____ Balance: _____</p>