



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
Online Applications: www.camphickoryhills.org

CIRCLE T-SHIRT SIZE: S M L XL 2XL 3XL

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

BIG SHOT Ages 6 - 8 <input type="checkbox"/> Parent <input type="checkbox"/> Child	JUNIOR Ages 8 - 10 <input type="checkbox"/>	PRE-TEEN Ages 10 - 12 <input type="checkbox"/>	TEEN CAMP Ages 12 - 14 <input type="checkbox"/>	SENIOR Ages 15 - 18 <input type="checkbox"/>
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TUITION	JR, PRE-TEEN, TEEN, SR	BIG SHOT	BIG SHOT PARENT
Postmark before May 17th	\$100.00	\$68.00	\$68.00
Postmark after May 17th to June 1st	\$115.00	\$83.00	\$83.00
Walk-in (After June 1st DO NOT MAIL)	\$125.00	\$93.00	\$93.00

Camper's Name (Last, First, Middle Initial):	Father's Name: _____ Do they have legal Custody: YES <input type="checkbox"/> NO <input type="checkbox"/>
Address:	Address (If Different than camper):
Address (Continued):	Father's Employer:
City:	Father's Area Code/Work Phone: _____ Area Code / Cell Number: _____
State: _____ Zip Code: _____	Mother's Name: _____ Do they have legal Custody: YES <input type="checkbox"/> NO <input type="checkbox"/>
Area Code / Telephone: _____ Area Code/Cell Number: _____	Address (If Different than camper):
Date of Birth (Month/Day/Year): _____ Present Age: _____ Gender (M/F): _____	Mother's Employer:
E-mail Address:	Mother's Area Code/Work Phone: _____ Area Code / Cell Number: _____

Camper applications are accepted without regard to sex, race, color, religion, national origin or physical or mental handicap.	Names of persons (other than parents) to whom camper may be released. (For safety reasons camper may not be released to anyone other than those listed below)				
Name of Church: _____ (Ex. Crossroads COGOP, Empowered, Gallatin COGOP, etc.)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding-bottom: 5px;">Name & Daytime Phone</td> </tr> <tr> <td style="padding-bottom: 5px;">1. _____ (____) _____</td> </tr> <tr> <td style="padding-bottom: 5px;">2. _____ (____) _____</td> </tr> <tr> <td style="padding-bottom: 5px;">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: _____ Phone#: (____) _____
2. Name: _____ Phone#: (____) _____

Statement of Certification and Understanding

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.

REQUIRED:

Camper Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

MUST COMPLETE THE BELOW:

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.

Dated, this the _____ day of _____, 20_____

Parent Signature (if camper is a minor) _____

Camper Signature (If camper is 18 or older) _____ Age _____

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.

Dated, this the _____ day of _____, 20_____

Parent Signature (if camper is a minor) _____

Camper Signature (If camper is 18 or older) _____ Age _____

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: _____

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 style="text-align: center;">PLEASE PAY FULL TUITION IF POSSIBLE.</p> <p style="text-align: center;">In the event applicant is unable to attend camp, tuition (with the exception of the \$10.00 deposit) is refundable or transferable.</p> <p style="text-align: center;">Application must be accompanied by a minimum \$10.00 non-refundable (only transferable) deposit. Do not send cash!</p> <p style="text-align: center;">Please make check/money orders payable to CAMP HICKORY HILLS</p>	<p>Date received: _____ Date of response: _____</p> <p style="text-align: center;">PAYMENT INFORMATION</p> <p>Check#: _____ Name on Check: _____</p> <p>Check#: _____ Name on Check: _____</p> <p>Cash: _____ Money Order#: _____</p> <p>Rate: _____ Less Deposit Rcv'd: _____</p> <p>Other: _____ Balance: _____</p>