

High Rock Bible Camp

Fall Retreat 2011

Applications are due by September 21st!

Registration/Medical Release Forms

(Please Fill Out Both Sides of the Application)

Camper Information PLEASE PRINT:

Last Name _____ First _____
Address _____
City _____ State _____ Zip Code _____
Email _____
Address _____
Home Phone _____ Male or Female (circle one)
Date of Birth _____ Age _____
Home Congregation _____ Member? _____
T-Shirt Size _____

Emergency Contact

Name _____ Phone Number _____

Agreement with Parent or Guardian

It is necessary for parents to assume responsibility for the applicant. Below is a legal agreement for this purpose which you should sign and return with the application. "In consideration of the acceptance of the named applicant, we, the undersigned parents, parent guardian as the case may be, covenant and agree with the High Rock Bible Camp Board of Directors which meet in Elizabethton, Tennessee, that we will at all times hereafter indemnify, keep indemnified, and save harmless the said High Rock Bible Camp Board of Directors or Staff, or which I must pay, sustain, or incur as a result of illness, accident or misadventure to the named applicant, during the period that said applicant is a participant in the High Rock Bible Camp which has its mailing address in Clinchport, VA."

Witness or hand(s) this day of

_____ 2011
_____ Father or Guardian
_____ Mother or Guardian

Cabin Assignment

Which cabin do you want to stay in? Please indicate your 1st, 2nd and 3rd choice. We will do our best to give everyone the cabin assignment he or she wants.

Cabin 1 _____ Cabin 2 _____ Cabin 3 _____ Cabin 4 _____

Emergency Medical Release

“In the event of illness or injury, I hereby give my permission to the physician or hospital selected by the personnel of High Rock Bible Camp to secure medical treatment, or to hospitalize, prescribe medication, administer anesthesia, and perform any surgical procedures for the treatment of my minor child.”

Camper's Name (Print) _____
Parent / Guardian Signature _____
Family Physician's Name _____ Phone _____
Medical Insurance Company _____
Policy / Plan # _____ Date of last Tetanus Shot _____

Is your child allergic to anything? _____

Does your child have any medical condition that may require special attention? (i.e. Diabetes)

Please check which medications can be administered to your child by our Camp nurse:

Tylenol Peroxide Cortaid (Hydrocortisone) Betadine
 Robitussin Sunscreen Immodium AD Tolnaftate (for Athletes foot)
 Benadryl (Diphenhydramine Hcl) Non-Prescription Antibiotic Creams

If your child requires any medication other than the above, we need to have a prescription (even if it is an over the counter medicine). All medicine brought to the camp needs to be in its original container. All medications will be given to the camp nurse at registration time, and they will be administered by the camp nurse. If your child requires medication while at camp, please attach a letter of explanation.

Parent / Guardian _____ Date _____

ALL other medications require a prescription in order to be administered to your child
(Even OVER THE COUNTER medications)

Cost \$40.00 per camper, per week.

Make your check payable to High Rock Bible Camp
Mail Your Registration Form & Check To:
High Rock Bible Camp
C/O Teen or Pre-Teen Week
P.O. Box 1454
Elizabethton, TN 37644

For More Information, Contact:

Dempsey Jordan 423-426-2104 or Dennis Pierce 423-895-8205