

2017 Turkey Hill Ranch Bible Camp Exploration Day Camp Registration Form

(Please print clearly in ink)

Camper's Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Birth Date: _____ Age: _____ Circle One: Male Female

Name of Parent/Guardian: _____ Parent/Guardian email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

If above person is NOT available during an emergency, Turkey Hill Ranch Bible Camp should notify:

Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Circle Week (s) attending:

Exploration Day Camp 1

June 5 - June 9

Exploration Day Camp 2

June 19 - 23

Exploration Day Camp 3

July 10 -14

Does your child have any of the following health or social concerns? (Please circle all that apply)

Allergies Asthma Behavioral Problems Daily Medications Diabetes Drug Sensitivities

Seizures Other: _____

Current Tetanus Shot: Circle one Yes No

I understand that if the camp determines the camper's behavior to be unacceptable, then upon being notified, I must pick up the camper immediately and there will be no refund of camp fees. In sending my child to camp, I agree not to hold Turkey Hill Ranch Bible Camp liable for any accidents or illness that may occur. I hereby give permission for images of my child, captured during camp activities through video and digital camera, to be used in camp promotional materials. I hereby give permission for you to render emergency medical care to my child.

Insurance Provider's Name: _____ Phone: _____

Camper's Name (Printed): _____ Parent Signature: _____

Children must be: Potty trained, able to communicate clearly, and able to physically participate in the camp activities.

Camp Fee Calculator: Exploration Day Camp \$100 per week +\$ _____

Deposit Amount (**A \$40 non-refundable deposit per camp is required**) -\$ _____

Total due upon arrival (cash, check, or credit card) =\$ _____