



CAMPER REGISTRATION FORM

CAMP HOPE MINISTRIES, INC

NOTES:

Early
Bird
Savings

If you
register
by:

May 31st

Invite
your
friends to
camp!

Mailing Address:
PO Box 948
Lake Jackson
77566
Phone: 979-297-2013
Fax:
Email:
Web site:

Camper's Name: _____ Gender: Male Female

Date of Birth: (mm/dd/yy) ___ / ___ / ___

T-Shirt Size
(please circle one)
Child S M L

Age / Grade Completed: _____ / _____

Medication: _____ Dose / Time: _____ / _____

(Provide to Manager in original container with medication form.) If your child takes any form of medication regularly during school, we request that they be taken during Camp Hope as well. Allergies or Diet Restrictions:

Attending Camp Hope Week (s)

rate per week \$75

Check all that apply

Early Bird weekly rate \$70

Week 1 July 11

Week 2 July 18

Week 3 July 25

Attending Before Camp (BC)
and/or After Day (AD)

Before Camp & After Day
are \$20 each per week

Before Camp (BC) _____

After Day (AD) _____

Hot Lunch -Wednesday Only

Cost is \$4 for each week

Menu: Pizza

Week 1 Week 2 Week 3

Sibling Discount

If you are registering more than one child,
you receive a \$5 sibling discount for each child.

Total \$\$ Due

50% NON-REFUNDABLE Deposit
(Please attach payment to this form)

Balance Due
(on the first Day of each camp week)

Scholarships available by request.

Make Checks payable to Christ Lutheran Church
Camp Hope Ministries 2011



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PLEASE COMPLETE BOTH SIDES OF THIS FORM.
Do not leave any blanks empty—for your child's safety

CAMP HOPE MINISTRIES, INC

Name of Parents _____ Home# _____

Mom Wk/Cell# _____ Dad Wk/Cell# _____

Mom's email address _____ Dad's email address _____

Mailing Address _____ City _____ State _____ Zip _____

Email Addresses / Names _____

Where do you worship? (Name of congregation, if any.) _____

Insurance Company (if none, please indicate as n/a) Policy# _____		Phone _____
Dr.'s Name _____		Phone _____
Emergency Contact if parent cannot be reached. Please list daytime or cell numbers.		
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

The child registered on this form has my permission to participate in Camp Hope Ministries, inc. during indicated sessions. I agree that Christ Lutheran Church and/or the ELCA will not be held responsible for accidents arising thereof. I am responsible for any medical obligations incurred during these camp activities and give the camp permission to seek treatment in case of injury or illness. I give permission for Christ Lutheran Church, Camp Hope Ministries, inc, and or/ Camp Hope Ministries to use, publish or disclose in newsletters, brochures, periodicals, posters, website or other media-related vehicles, any photographs, videos, audios or other material in which my child may have appeared, spoken, written or otherwise been represented. I understand that I am ultimately responsible for my child's behavior at camp and that they will be expected to sign and live by the camp covenant which states: "I will show respect for God, others, and myself". I know that violation of this covenant can and will result in my child being removed from the program.

Parent or Guardian Signature / Date _____