



Camper Registration Form for Camp New Hope, Inc. (2019)

Form must be filled out completely.

Camper Name: _____ Preferred name, if any: _____

Camper Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Gender: Male Female Camper is own guardian County: _____

T-Shirt Size: circle one Youth: YM YL YXL Adult: AS AM AL AXL A2XL A3XL A4XL

Camper have Insurance? Yes No Insurance Carrier: _____ Policy # _____

Please send information for the following programs:

RESPITE Weekends (Aug-May) BOWLING (Mattoon/Charleston) HOLIDAY PARTIES (Halloween/Christmas/Easter)

Primary Parent/Guardian(s): Guardian who will be in custody during the camper's attendance(s). Relationship: _____
 Name: _____ Email Address: _____ Camper lives here
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Primary Parent/Guardian(s): (In same household as above.) Relationship: _____
 Name: _____ Email Address: _____ Camper lives here
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Secondary Parent/Guardian(s): Other guardian not living at same address as primary guardian(s) listed above. Relationship: _____
 Name: _____ Email Address: _____ Camper lives here
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Group Home: The facility/group that this camper is associated with.
 Group Home Name: _____ Home Contact: _____ Camper lives here
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Fax Number: _____
 QIPD Name: _____ Cell Phone: _____ Email Address: _____
 Nurse Contact: has knowledge of camper medication. _____ Phone Number: _____

Emergency Contact: Used only if guardian/facility is unavailable. Do not list name/number of someone already listed above.
 Name(s): _____ Relationship: _____ Phone: _____
 Name(s): _____ Relationship: _____ Phone: _____

Who is responsible for paying the camper fee? Parent Self Applied for Scholarship Other (specify below)

Sponsoring Organization/Other : _____

Address: _____ City: _____ State: _____ Zip: _____

Sponsor contact person: _____ Sponsor Phone: _____

(It is the parent's responsibility to make sure that sponsor has made payment for your camper by final payment date.)

Cancellation and Refund Policy:

If a cancellation occurs 60 days or more prior to the beginning of the camper week, payments will be refunded, MINUS the deposit. Any cancellation less than 60 days prior to the beginning of camper week will not receive a refund, except for the reasons below.

- If cancellation occurs for a physician-documented medical reason all fees, MINUS the deposit will be refunded. In the alternative, the camper can choose a later week to attend camp if space is available.
- If during a session it is advised by the nurse or administration staff to send a camper home for medical reasons, the remaining portion of the session will be refunded.
- No refunds will be made for late arrivals or early departures.

In the event of cancellation within 60 days prior to the beginning of camp week, any payments made by third party organizations (i.e. Lion's Club, Knights of Columbus) will be considered a donation to the Camp New Hope Scholarship Fund.

Camp Weeks:
Week 1: June 2-7 (40+) Guardians of the Galaxy
Week 2: June 9-14 (30+) Avengers
Week 3: June 16-21 (19-39) Mary Poppins
Week 4: June 23-28 (21 & under) Moana
DAY CAMP: July 1-5 (All Ages) National Treasure
Week 6: July 7-12 (40+) Zootopia
Extended Weekend/Mini Camp: July 12-14 (All Ages) Wreck it Ralph
Week 7: July 14-19 (19+) Inspector Gadget
Week 8: July 21-26 (All Ages/2nd Week) Dumbo

Check all that apply:

- I want one week of RESIDENTIAL camp.
- I want a 2nd week of RESIDENTIAL camp.
- I want the week of DAY CAMP. Check box if you will be using Bus Transportation.
 Mattoon Charleston
- I want CAMPER CARE. (Day only option during residential weeks) You may register for as many CC weeks as you would like.
- I want MINI CAMP/EXTENDED WEEKEND

Due to the nature of camp, and the need to balance cabins based on campers needs, please choose the type of scheduling below.

- STANDARD SCHEDULING: Camp will schedule camper with his/her age group and try to honor preferences.
- SPECIAL SCHEDULING: Camp will do everything possible to specifically met these requests.
- Date Request: Specific Week(s): _____
Reason: _____
- Buddy Request Name: (List no more than 2 buddies) _____
 Request Same Week Request Same Cabin Request Same Day Unit
- Requests NOT TO BE with this camper _____ Reason _____

Camp Fees Payment Calculation: (Local) (Coles)

1st Week Residential:	\$425		\$ _____
2nd Week Residential:	\$425		\$ _____
Day Camp (July 1-5):	\$190		\$ _____
Camper Care:	\$190	x _____ (number weeks)	\$ _____
Mini/Extended Camp Weekend:	\$215		\$ _____
Total Payment Due:			\$ _____

Deposit Required: (If applied for scholarship, ONLY choose/pay Scholarship deposit)

Applied for Scholarship Deposit:	\$25		\$ _____
Residential Deposit:	\$50	x _____ (number weeks)	\$ _____
Day Camp Deposit:	\$25		\$ _____
Camper Care Deposit:	\$25	x _____ (number weeks)	\$ _____
Mini/Extended Camp Deposit:	\$25		\$ _____
Deposit Due:			\$ _____

(Deposit paid NOW with application.)

(Total Payment minus Deposit) Camper Balance: \$ _____
(Due May 15, 2019)

Custodial Parent, Guardian or Participant (if own Guardian) Must Sign:

In signing this form, I hereby certify that the above information is correct. I give permission for the participant to attend all camp activities including transportation of this participant in privately owned vehicles or public transportation for approved out-of-camp activities.

I agree to any emergency treatment by physician or hospital in the event I cannot be reached. I understand that all medication brought to camp must be clearly labeled as to content, administration times, and dosage.

I understand and assume all the risks associated with participation in an outdoor camping and aquatics program. I relieve Camp New Hope, Inc. from all claims or causes of action arising from this camper's participation.

I acknowledge that Camp New Hope, Inc. provides accident insurance for every camper; however, the camper's own family insurance is primary, and Camp New Hope's is secondary.

I give permission to allow photographs to be taken during camp session activities. I further give permission and consent that any such photographs and name may be published and used by Camp New Hope, Inc. and the American Camp Association and its agents, to illustrate and promote the camp experience, Camp New Hope and its camp programs, or the American Camp Association.

I recognize the obligation of the Camp Director, in his/her absolute discretion, to terminate the camper's stay at any time due behaviors or medical conditions which might jeopardize the camper's or others' well being.

I will be financially responsible for any medical treatment that is needed for the participant.

I have read and understand the Camper Code of Conduct.

Signature _____

Date _____