

# BHCC XXVIII Junior Camp Application

**Sunday, July 6 - Thursday, July 10 at Camp Leatherwood**

The cost of BHCC Middle Camp is \$135.00 per camper. A \$50.00 deposit is due with the application. Checks should be made payable to Brentwood Hills Church of Christ. This fee will cover all meals (breakfast on Monday through lunch on Thursday), crafts and activities, canteen, and a camp t-shirt.

BHCC strives to serve any student who desires to come to camp. Please contact one of the student ministers for information on financial assistance.

## **Application Deadline: March 30 for BHCC Members**

***If space is available***, applications from non-BHCC members will be considered after March 30 and are due no later April 13. A \$20 late fee will be charged for applications received after April 13.

**Junior Camp is open to students who have completed 3th-5th grades (2013-14 school year).**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

School Grade (2013-14): \_\_\_\_\_ T-shirt size (specify adult or youth size): \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Guardian's Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does this camper have current tetanus immunity?      Yes      No

Will this camper require medication while at camp? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Guests only: I am a guest of \_\_\_\_\_ and would like to be in his/her cabin. (We cannot guarantee that all cabin requests will be honored.)

In case of medical emergency, I hereby give my permission to the physician selected by Brentwood Hills Christian Camp to hospitalize and secure proper medical treatment for the camper named above.

Parent or Guardian signature: \_\_\_\_\_

I submit this application to Brentwood Hills Christian Camp for the 2014 session and will abide by the rules and policies of the camp.

Camper Signature: \_\_\_\_\_

\*\*\*Please complete the liability form on the back of this application. You must have it filled out to attend camp.\*\*\*

# Brentwood Hills Church of Christ

## Liability/Consent Form

In consideration for being accepted by BRENTWOOD HILLS CHURCH OF CHRIST for participation in Brentwood Hills Church of Christ sponsored activities we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf on my child-participant if said child is not 21 years of age or older) so hereby release, forever discharge and agree to hold harmless BRENTWOOD HILLS CHURCH OF CHRIST and the elders thereof from any and all liability, claims or demands for personal injury, sickness or death as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we, (I) [and on behalf of our (my) child-participant if under the age of 21 years old] hereby assume all risk or personal injury, sickness, death, damage and expense as a result of participation in recreation, food, and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, its elders, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental service rendered to the aforementioned child pursuant to the authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in Brentwood Hills Church of Christ sponsored activities.

NAME \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

ADDRESS \_\_\_\_\_ Phone \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Parents' Business Phone(s) \_\_\_\_\_

Hospital Insurance? Yes \_\_\_ No \_\_\_ Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Emergency Contact and Number \_\_\_\_\_

Physician \_\_\_\_\_ Physician's Number \_\_\_\_\_

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Participant Signature

Date

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Father/Mother/Legal Guardian Signature

Date