



CAMP HOPE

A Summer Camp Ministry of the Chattahoochee Baptist Association

<http://www.camphopecba.org/>

Chattahoochee Baptist Association • 1220 McEver Road, Gainesville GA 30504 • 770-532-3371

Camp Hope is located 8496 Lake Louise Rd., Toccoa, GA 30577

Camp Hope is a week-long Christian summer camp for campers who have completed 1st through 5th grade and are under 12 years of age. All applications are due by APRIL 27, 2018.

Applications may be completed online at **camphopecba.org** or sent by email, fax, or mail to:

Mail: CBA Camp Hope
Chattahoochee Baptist Association
1220 McEver Road Ext.
Gainesville, GA 30504

Fax: 770-532-5681

Email: apply@camphopecba.org

Camper Information

Check One: **Girls Camp** – June 11-15, 2018 **Boys Camp** – June 18-22, 2018

Name of Camper: _____
First Middle Last

Name Camper prefers to be called: _____ Date of Birth: _____/_____/_____
Month Date Year

Address: _____

City: _____ State: _____ Zip Code: _____

School Grade (2017-2018): _____ School Attended: _____

Camper lives with: _____
Name Relationship

Please indicate camper's t-shirt size (Please check only ONE size):

- Child Small Child Medium Child Large Adult Small Adult Medium Adult Large Adult XL

Note: T-Shirts may not be available for campers whose application is received after March 30th, 2018

Parent/Guardian #1 (Please list an adult that has legal custody of the camper above)

Name: _____ Relationship: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email Address: _____

Parent/Guardian #2

Name: _____ Relationship: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email Address: _____

Emergency Contact In the event of an emergency, whom should we contact? (Must be different than parent/guardian)

Name: _____ Cell Phone: (_____) _____ - _____

Insurance Information

Insurance Company: _____

Card Holder's Name: _____ Policy/Group #: _____

Medical Information

Does the camper have parent's permission to go swimming?

(Our life guards conduct a swimming test the first day to determine shallow or deep water privileges.) Yes No

Does our medical staff have permission to give this camper over-the-counter medications (Tylenol, Ibuprofen,

Tums, etc.)? (Please list any known medication allergies below.) Yes No

Does the camper have any handicaps (including asthma, seizures, epilepsy, etc.) that would prevent him/her from participating in the recreational activities associated with summer camp? Yes No

If yes, please explain: _____

Is the camper allergic to any drugs, insects, plants, etc.?
 Yes No

If yes, please list: _____

Does this child have any special needs of which our staff should be aware? Yes No

If yes, please explain: _____

Please list any medication this camper will need to take during the week of camp:

If needed, additional medications can be listed on separate sheet of paper.

Medication Name	Dosage	Frequency	For What Condition?

Note: All medications must be in labeled prescription bottles and turned in at registration

Household Information

Camp Hope is a Ministry of the churches of the Chattahoochee Baptist Association. The camp is provided free of charge to its campers and their families. Please provide the total household income for the home in which the child listed on this application lives. This information will be kept strictly confidential.

Number in Household _____ Income: \$ _____ weekly / monthly / annually (please circle one)

Consent and Waiver

A legal guardian must initial each of the following statements as well as sign and date below.

Initial I, the undersigned, am a legal guardian of the camper listed on this application. I hereby give Camp Hope's leaders authorization to take appropriate emergency action in the event of a medical emergency. If I am unable to be reached, I further authorize the camp and its leaders to obtain any emergency medical treatment of my child deemed necessary without specific authorization from me. I give permission to hospital staff and physicians to treat my child during any medical emergency. I agree to indemnify and hold harmless Chattahoochee Baptist Association, Camp Hope, and its leaders, agents, and/or volunteers from any liability arising from participation in Camp Hope and its related activities. It is further understood that I will be responsible for the costs of all medical services obtained pursuant to this authorization.

Initial I authorize my child's image and name to be used in all forms of media, including advertising and related promotion for Camp Hope and CBA.

Signature of Parent/Guardian _____ Date: _____

Printed Name: _____

Note: Final deadline for applications is Friday, April 27, 2018.

Additional Information

Has applicant ever attended Camp Hope Before? Yes No If so, What year(s)? _____

How did you hear about Camp Hope? _____