



**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 1<sup>ST</sup> THROUGH 5<sup>TH</sup> GRADE and are UNDER 12 YEARS OF AGE.  
All applications are due by APRIL 30, 2019.**

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](mailto:apply@camphopecba.org)

### Camper Information

Check One:  **Boys Camp** – June 10-14, 2019  **Girls Camp** – June 17-21, 2019

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 (2018-2019): \_\_\_\_\_ 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 April 12, 2019**

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

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 parents/guardians listed above)

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 30, 2019.**

## Additional Information

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

How did you hear about Camp Hope? \_\_\_\_\_