

2017 Templed Hills Registration Form

A deposit of \$25.00 must accompany this form and is nonrefundable after June 15, 2017. The deposit is included in the total cost of each registration.

PLEASE register for all camps by deadlines as indicated below. Registrations received less than two weeks prior to a camp may be subject to a \$20 late fee. Return your registration and \$25 deposit by the deadline to:

Templed Hills Camp
c/o Mandy Bowker
2516 Annie Street, Bozeman, MT 59718

How many are you registering for camp:

May 26-29 Cards and Gamers Camp __ \$76 Adult __ \$26 Youth
June 9-10 Women's Camp __ \$____ (more registration info to come)
July 11-15 Junior Camp __ \$200
July 17-22 Junior High Camp __ \$215
July 24-29 Senior High Camp __ \$215
August 3-6 Voices in the Hills __ \$125
Sept 1-4 Family Camp __ \$76 Adult __ \$26 Teens __ Kids (free)

Adults ____ Total Cost \$ ____

Teens ____ Total Cost \$ ____

Kids ____ Total Cost \$ ____

Please make checks payable to Templed Hills Camp.

Attendee Information:

Name _____ Camp _____ Adult ___ / Child ___ Age ___ Grade ___

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For Kids - Bunkmate Preference(s): _____

Address _____

Phone(s) _____

Email _____

Food Allergies? _____

We will bring our own Camper ___ / Tent ___

___ We will be staying in a provided cabin

We have ___ / have not ___ been to Templed Hills

Home Church _____

Camper Agreement (must fill out for any camp)

Any restrictions, physical impairments and/or necessary limitations of activities _____

Medically Required Dietary Restrictions: _____

Allergies and Reaction to Allergens (excluding seasonal allergies): _____

Past Pertinent Medical History (i.e. diabetes, asthma, heart problems, seizures, etc.)? _____

Medication Policy: Medications brought to camp MUST be given to the camper's counselor to be handed out by our First Aid Staff. All prescription medications MUST be in the original container with the camper's name, name of medication, and directions clearly marked on the pharmacy label. All over-the-counter medication must be in the original container and accompanied by parental instructions. Medication with no identification WILL NOT be given.

OVER THE COUNTER MEDICATION AVAILABLE AT CAMP-

The following medication are administered as needed by Camp Staff.

CIRCLE ANY MEDICATION THE CAMPER SHOULD NOT RECEIVE:

IMMODIUM / NEOSPORIN / COUGH SYRUP BENADRYL / IBUPROFEN / SUDAFED / THROAT LOZENGES / DAYQUIL / CLARITIN / TUMS
PEPTO BISMOL / TYLENOL / ZYRTEC HYDROCORTISONE CREAM

I authorize the staff on duty at Templed Hills to administer first aid as required for illness or injury. In case of emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by Templed Hills to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child (named on Registration).

I voluntarily waive any claim against Templed Hills, its camp personnel or other person(s) transporting my child, against all liability, claims, damages, attorney fees, expenses arising out of any loss, personal injury, accident, misfortune, or damage to the above named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named.

I further authorize the camp to use photos or videos taken of my child at camp for Templed Hills promotion and advertising including print media for camp brochures, articles, and camp websites. At no time will camp photos be used by unrelated organizations.

Release from Liability and Assumption of Risk Agreement: I understand my/my child's camp experience may include, among other physical activities: rock-climbing, rappelling, hiking skiing, snow-shoeing, swimming, running, playing games/sports, snowmobiling, ATV, white-water rafting, and riding in cars/vans.

1. I agree that I will not sue or otherwise make any claim against THBC, its employees, or its volunteers, for any loss, injury or damage resulting from any cause. I am aware of the inherent risks involved in the activities listed above, including but not limited to the risk of serious injury or death, and I hereby accept responsibility for the risks involved.
2. I agree that all equipment is used at my/my child's own risk. THBC and any other party shall not be held liable for injury resulting from use of equipment.
3. I understand that any route or activity chosen as part of a hike, game, or other outdoor adventure may not be the easiest but has been chosen for its interest and challenge for the participants.
4. To the fullest extent allowable by law, I agree to defend, indemnify and hold harmless THBC and any of its officers, member, affiliated organizations, agents, volunteers, land/property owners, or employees, for any injury or death caused by or resulting from my participation in the activities associated with THBC, both scheduled or unscheduled, including transportation.

CAMPER BEHAVIOR AGREEMENT:

I understand that Templed Hills Baptist Camp has a strict policy which forbids the following behaviors:

Smoking | Bullying | Illegal drugs | Foul language (cursing) | Inappropriate dress | Alcohol Fighting | Vandalism/Theft | Any type of harassment

I agree to help create a safe and positive learning environment at Templed Hills by not participating in any of the listed behaviors. By signing this form I also agree that if I do violate Templed Hills rules, I may be removed from the camp and sent home. No refunds will be made if campers are dismissed due to misbehavior or if a parent/guardian makes a choice to leave.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CAMPER SIGNATURE(S) _____ DATE _____

PARENT/GUARDIAN SIGNATURE(S) _____ DATE _____