

**CAMP HICKORY HILL for DIABETIC CHILDREN  
2017 CAMPER REGISTRATION**

Camper's Name: \_\_\_\_\_  
(Last) (First) (Nickname?)

This is a registration form for the 2017 Camp Hickory Hill Session:

\_\_\_\_\_ Full Session 1 (July 9-21 - Ages 13-17) **Ends on a Friday**

\_\_\_\_\_ Full Session 2 (July 23-29 - Ages 7-12) **Ends on a Saturday**

It is understood that this registration form to attend Camp Hickory Hill will be considered regardless of my ability to pay. I have reviewed the recommended camper fee for my family's income level (page 2 of information pages).

My income based camp fee is \$\_\_\_\_\_ I can pay \$\_\_\_\_\_ as my camp fee.

If not accepted, my fee will be returned with the notice of non-acceptance. Camper's places can only be accepted if their completed camper registration package is received. You will be notified by email/phone of camper acceptance. If you cancel, your fee will be returned provided that you notify Camp Hickory Hill in writing at least 14 calendar days prior to the beginning of my camp session.

Rules for acceptance at Camp Hickory Hill are the same for all persons without regard to race, color, national origin, religious affiliation, sex or handicap except each camper (other than children of staff) must have *diabetes mellitus*, and must fit the above age criteria.

Please forward the completed application with your camper fee (**made payable to Camp Hickory Hill**) as early as possible to:

Jessica Bernhardt, Camp Director  
Camp Hickory Hill  
P.O. Box 1942  
Columbia, MO 65205

**Or EMAIL your registration to:**  
info@CampHickoryHill.com

Check here if you are applying for financial assistance

Camper's Name: \_\_\_\_\_  
(Last) (First)

Sex: M F Birth Date \_\_\_\_\_

Age 1<sup>st</sup> Day of Camp: \_\_\_\_\_

Parent or Guardian (Person to notify in case of emergency):

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

If the parent/guardian will be out of town during the camp session, please list dates, location and phone numbers on a separate sheet of paper.

Camper's e-mail address: \_\_\_\_\_

Parent's e-mail address: \_\_\_\_\_

Number & ages of camper's brothers & sisters living at home: \_\_\_\_\_

Living situation: Both parents \_\_\_\_\_ One parent \_\_\_\_\_

Parent and Step Parent \_\_\_\_\_ Other (please specify) \_\_\_\_\_

What years has your camper already attended CHH? \_\_\_\_\_

Has your child attended other diabetic camps? \_\_\_\_\_

What does your camper like to do at camp? \_\_\_\_\_

How did you hear about CHH? \_\_\_\_\_

What does your camper want to get out of camp? \_\_\_\_\_

What do you (the parent/guardian) want your camper to get out from attending camp?

Any other information (sleepwalking, bedwetting, special learning needs) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT FORM

We, the parent(s)/guardian(s) of \_\_\_\_\_, hereby consent to including his/her name, birth date, address, phone number and e-mail address in the camp newspaper (so campers can keep in touch after camp) **and** to using his/her picture/video in connection with any publication, camp website, or fund raising activity, including procurement of camperships for Camp Hickory Hill.

SIGNATURE(S): \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

## RELEASE STATEMENT

I (we) understand all reasonable precautions will be taken by the staff of Camp Hickory Hill to avoid possible injury or other harm to our son or daughter, \_\_\_\_\_. In consideration for the acceptance of my (our) son or daughter as a camper, I (we) agree on behalf of myself (ourselves) and on behalf of my (our) son or daughter that should any accident, injury or harm occur, either at camp, in transit to or from camp, or on a camp sponsored trip, there shall be no liability or responsibility on the part of Camp Hickory Hill, the Board of Directors, or the staff in any manner whatsoever and I (we) further agree to indemnify and hold harmless Camp Hickory Hill, the Board of Directors, and the staff from any claim that might, as a result of any accident, injury or harm to my (our) son or daughter, be brought against them by any person whomsoever.

SIGNATURE(S): \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

**RELEASE OF CAMPER**  
**(If different than parent/guardian)**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
will not be able to pick up him/her from Camp Hickory Hill on \_\_\_\_\_ (Date)

I authorize Camp Hickory Hill to release him/her to \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Following Portion of This**  
**Page for Camp Use Only**

At **(Time)** \_\_\_\_\_ on **(Date)** \_\_\_\_\_,

\_\_\_\_\_ (Camper Name) was released to the person below.

Person receiving camper:

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

Print Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Camp Director signature: \_\_\_\_\_

*Note: The Camp Director will request and verify the identification of the person receiving custody of your camper.*