



2024 Journey Camp Registration Only

July 15th-19th, 2024 Only (Monday-Friday)
Specialty camp for campers going into grades 4-9

Name _____ Birth date _____ Gender Male Female
Grade in fall of 2024 _____

Theme t-shirt size (circle one) YM YL S M L XL XXL
(Theme t-shirt included)

Parent/Guardian Information

Parent/Guardian First and Last Name(s) _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____

Parent's email _____

Emergency Information (If parent/guardian cannot be reached)

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Health Information

HIPPA regulations require us to have your permission before disclosing any health information to the necessary staff. May we disclose this information? yes no

Please check all that apply to your child. Please explain below, and include a separate sheet, if necessary.

general good health prone to homesickness diabetes seizures

Asthma recent operations recent injuries heart condition

Other (please describe) _____

Medication camper is taking (Please send along in original bottles) _____

List allergies including food, medication, environmental, insect sting, anesthesia, other _____

Can we give your child Tylenol, Benadryl, Ibuprofen, "over the counter" cough, cold or allergy medications?

yes no

Is your Child prone to running away in new situations?

yes no

Does your Child wet the bed?

yes no

Has your Child been exposed/ told about Inspiration Hills' Christian Mission Statement?

yes no

Insurance Information

Family Health Insurance Company _____ Group No. _____

Must be signed:

In case of medical emergency, I understand that every effort will be made to contact parents/guardians of child. In the event that I cannot be reached I hereby give permission to the physician selected by the Program Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

Inspiration Hills provides accident insurance for every child. Inspiration Hills insurance begins where yours leaves off. Illness or sickness are not covered. Any outside charges incurred relating to sickness or illness by your camper will be billed to parents or guardian. I hereby certify that the above information is correct. I also give permission for the use of photographs or video including my son or daughter to be used in publicity.

Parent/Guardian _____ Date _____

Parents: Please fill out entire page. The General Registration is to be able to determine what portion of donations will be used to pay the Camp Fee. Parents are responsible for at least the \$20.00 portion of the registration & any Canteen Card money they would like to send in for their camper. Any questions about filling out this form, please call Jenny at the camp office 712-986-5193.

General Registration

Fee: Journey Camp \$360.00	\$450.00
Portion Payed by Churches, Donor Families, United Way, etc.	- \$ 430.00
	Balance of Camp Fee = \$20.00
	+ _____
Canteen Card: Suggested Amount (\$10.00-\$25.00) (Unspent Canteen Money will not be returned)	Canteen Card \$ _____
	+ _____
	TOTAL amount sent with registration = \$ _____

CAMPER INFORMATION FORM

(Must be filled out)

City in which you live: _____ State in which you live: _____

County in which you live: _____ Number of Persons in Household: _____

Please answer the following to assist with Camper to Counselor placement:

Please describe the home situation from which the camper comes from (please check all that apply):

Biological Family Foster/Adoptive Family Grandparents Aunts/Uncles
 Other: _____

Please Check all that Apply. Please explain below, if necessary:

Gets mad/angry easily Trouble following instructions Easily distracted Has trouble Waiting
 Picky eater Has trouble listening Interrupts others Wanderer ADD or ADHD

Please read & sign attached consent for each camper!

Parent/Guardian Email Address:

**Parent/Guardian Signature confirms attached consent
form is read and agreed upon :**

Consent Form Signature Required by Parent/Guardian on Page 2!

I certify that I have full knowledge of the nature and extent of the risks inherent in sleeping, staying and participation at Inspiration Hills and that I am voluntarily assuming said risks for myself and my camper(s). I understand that I will be responsible for myself and my camper(s) for any: loss or damage, including personal injury, property damage, or death, any injury or illness while staying/sleeping or participating in activities by Inspiration Hills, and that by signing this agreement I hereby release Inspiration Hills from all liability for such loss, damage, injury/illness or death. I further certify that myself and my camper(s) are in good health and that I have no conditions or impairments which would preclude my safe stay or participation in activities at Inspiration Hills.

To all campers and parent(s)/guardians who participate in the activities such as Trap Shooting or BB Guns, Challenge Course elements or Large or Little Zip Line elements, Canoeing on site or off site, Horseback Riding on site or off site, or Fishing Camp off site at Inspiration Hills Camp and Retreat Center (IH), campers and parents or legal guardian, must agree to this form by agreeing below with their name.

Please review what is appropriate with your camper: **1) Assumption of Risk:** I (camper & parent/guardian) have full knowledge and understanding of the inherent risks associated with staying on grounds and participation, including but in no way limited to: (1) slips, trips, and falls, serious injuries, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I (camper & parent/guardian) want to participate in the activities even though I know there are risks involved. I (camper & parent/guardian) am willing to assume those risks and any other risk incidental to the programs at Inspiration Hills. **2) Release of Responsibility:** In consideration of the opportunity to participate in these activities. I (camper & parent/guardian) will not hold Inspiration Hills directors, employees, or agents responsible or legally liable for any injuries to my person or property or the results thereof, incurred and suffered as a result of my participation in any of the activities or programs. **3) Willingness to Follow Instructions:** I (camper & parent/guardian) understand that Inspiration Hills will provide the necessary safety equipment and personnel trained to supervise participation in these activities. I agree to use this equipment as directed and to observe and follow all rules and guidelines for participation in these programs as directed by the Inspiration Hills staff. I further agree that any failure to do so on my part may prevent my participation in these activities. **4) Fitness to Participate:** I (camper & parent/guardian) certify that the participant(s) have no physical or mental condition that would prohibit participation in these activities. If I (camper & parent/guardian) am now or have been in the past under treatment for any physical conditions, the participant will discuss it with the supervisor of the activity and yield to his or her judgment as to whether they should participate. I (camper & parent/guardian) understand that participation in these activities is entirely voluntary.

I consent to have my child participate in ALL activities such as, but not limited to trap shooting, the challenge course, canoeing, horseback riding and fishing camp activities of IH, and certify that I will hold IH, its directors, employees or agents harmless from any and all liability and claims arising out of participation in or in connection with the program of IH. A parent (who has custody) needs to sign for their approval of participation.

By registering your camper with Inspiration Hills, you are acknowledging that Inspiration Hills does take pictures of campers and guests during summer camp for promotional and online use, and you are authorizing Inspiration Hills to use those photos as needed.