

DAY CAMP 2008 REGISTRATION FORM

Mail to: Rolling Hills Bible Camp, 125 Rolling Hills Drive, Mt. Sterling, KY 40353
We MUST RECEIVE REGISTRATION FORM, MEDICAL RELEASE FORM, & \$55 FEE
before the first day of your camp week or you will be required to pay an additional \$10 fee.

Day Camp is limited to the first 95 children registered so please register early.

Name _____

Last Grade Completed by Camper _____ Male ___ Female ___ Phone _____

Birthday _____ Age _____ Email _____

Address _____

City _____ State _____ ZipCode _____

Emergency Contacts: Name & Number _____

Church Affiliation _____

Have you ever attended Rolling Hills before? NO _____ YES _____ Year _____

T-Shirt Size: Circle one Child (S M L) Adult (S M L XL)

Campers MUST attend the week designated for their age/grade group.
Exceptions must be pre-approved by the director(s) and/or elders.

Day Campers Time: 10:00 AM – 3:00 PM (ages 4 - grade 2) June 16-June 20

FEE: \$55 must be received prior to first day of camp. A \$10 additional fee will be required if registering on or after the first day of camp. (Must be at least 4 yrs. old on first day of camp.)

Opening Day Registration begins at 9:15. Please arrive early Monday so classes may begin at 10.

My child would like to be grouped with _____ if possible.

Grouped children should be in the same age range since classes are designed for specific age groups.

I have read the rules and policies of the Rolling Hills Bible Camp and I will abide by those rules while I am at camp.

Sign Here

Camper's Signature Date

Parent's Signature Date

This side for DAY CAMP ONLY. Turn over for OVERNIGHT CAMP REGISTRATION.

OVERNIGHT CAMP 2008 REGISTRATION FORM

Mail to: Rolling Hills Bible Camp, 125 Rolling Hills Drive, Mt. Sterling, KY 40353
We MUST RECEIVE REGISTRATION FORM, MEDICAL RELEASE FORM, & \$75 FEE
before the first day of your camp week or you will be required to pay an additional \$10 fee.

Name _____

Last Grade Completed by Camper _____ Male ___ Female ___ Phone _____

Birthday _____ Age _____ Email _____

Address _____

City _____ State _____ ZipCode _____

Emergency Contacts: Name & Number _____

Church Affiliation _____

Have you ever attended Rolling Hills before? NO _____ YES _____ Year _____

T-Shirt Size: Circle one Child (S M L) Adult (S M L XL)

Campers must attend the week designated for the last school year completed.

Exceptions must be pre-approved by the director(s) and/or elders.

SELECT SESSION ACCORDING TO LAST SCHOOL GRADE COMPLETED

Over-Night Camp check-in is Sunday from 4:00 PM to 5:00 PM

PLEASE DO NOT ARRIVE AT THE CAMP BEFORE 3:45 PM

_____ Grades 9 – 12 June 22—27 (\$75 pre-registered; \$85 at the door)

_____ Grades 7 – 8 June 29—July 4 (\$75 pre-registered; \$85 at the door)

_____ Grades 5 – 6 July 6—11 (\$75 pre-registered; \$85 at the door)

_____ Grades 3 – 4 July 13 - 18 (\$75 pre-registered; \$85 at the door)

I would like to stay in _____ cabin and I would like to be grouped with _____

_____. I understand that my request will be granted if possible but is not guaranteed.

I have read the rules and policies of the Rolling Hills Bible Camp and I will abide by those rules while I am at camp.

Sign Here

Camper's Signature Date

Parent's Signature Date

This side for OVERNIGHT CAMP ONLY. Turn over for DAY CAMP REGISTRATION.

Abusing or destroying Rolling Hills Bible Camp property will not be tolerated and will result in the guilty party being sent home immediately and parents will be charged the actual cost for replacement of abused or destroyed items. The replacement cost for Tempur-Pedic mattresses is \$800 each.

Abuse of the mattresses includes:

Punching holes with pencils or other objects.

Writing or marking of any kind.

Pulling chunks or plugs out of the foam material.

Spilling drinks or other liquids.

Other destructive behavior.

EVERY CAMPER AND A PARENT OR GUARDIAN MUST READ & SIGN THIS LIABILITY NOTICE.

I understand that I will be responsible for replacement of any property (including Tempur-Pedic mattresses) that my child abuses or destroys at the Rolling Hills Bible Camp.

Parent _____ Date

Camper

Rolling Hills Bible Camp

Authorization for Picking Up Child

My child (ren) _____ may leave the campground with the following person or persons.

Name Relationship Telephone

Name Relationship Telephone

Name Relationship Telephone

Name Relationship Telephone

Please note: Children will NOT be allowed to leave the campground with ANY unauthorized person. Identification may be required.

Parent or Guardian _____ Date Signed

This signed form must be returned to Rolling Hills Bible Camp with the registration form, medical form, and camper fee.