

Camp Office
740-768-2148
Fax
740-768-0001

2014 REGISTRATION FORM

Send your registration AND deposit to:

EVCS

8200 Carnation Road
Bergholz, OH 43908

Register
Online
Today!

HOW DO I REGISTER?

Register online at www.elkhornvalley.com or:

1. Complete both sides of this form. Note: Additional forms may be printed from our website.
2. Return this form with a non-refundable deposit to the camp to reserve a spot. Refunds (less the deposit) for non-attending campers are given upon request.
3. In response to your registration form, the camp will send you a confirmation letter with a financial and program summary.

Camper Name	M / F	Date of Birth (month/day/year)	Grade (Fall 2014)	
Address	City	State	Zip	
Phone	Camper e-mail	Church	Immersed? Yes or No	Considering Immersion? Yes or No
Parent/Guardian Name (if under 18)		Address/City/State/Zip (if different than camper)		

Phone (if different than camper)

Method of Payment*

Check

Bill My Church
(must be approved)

Cash

*If paying by credit card, please register online or call 740-768-2148

Discounts
Available

Required to bill your Church:

Authorizing Signature & Title

Amount to be Billed

CHOOSE YOUR WEEK OF CAMP

\$5 Registration Deposit (non-refundable) No discount available

Day Camp (K-3rd)	June 21	Monica Palmer	\$15
------------------	---------	---------------	------

\$25 Registration Deposit (non-refundable) \$10 discount if deposit is paid by April 14-\$5 discount if deposit is paid by May 12

1-2nd Grade Camp	July 1-2	Ed Carter	\$55
Ice Breakers/Grade 3	June 29-July 1	Ed Carter	\$90

\$50 Registration Deposit (non-refundable) \$30 discount if deposit is paid by April 14-\$10 discount if deposit is paid by May 12

4-6th Grade Camp 1	June 22-27	Kim Bowman/Eric Yoho	\$220
4-6th Grade Camp 2	July 6-11	Brandon Russell	\$220
4-6th Grade Camp 3	July 20-25	Kevin Crater	\$220
Middle School Camp 1 (7th-8th)	June 8-13	Mark Blakeley/Mike Smith	\$220
Middle School Camp 2 (7th-8th)	June 15-20	Tim Snyder	\$220
Middle School Expedition (7th-8th)	July 6-11	Tom Williams	\$275
High School Camp	June 22-27	Josh Todd	\$220
Creative Arts	July 6-11	Jeania Bebech	\$275
Wilderness Challenge	June 15-20	Brandon Kirby	\$220
High School Expedition	June 15-20	Ben Black	\$285
7-12th Grade Wilderness 1	June 22-27	Thurman Culpepper	\$220
7-12th Grade Wilderness 2	July 13-18	JB Holliday	\$220
7-12th Grade Wilderness 3	July 27-Aug 1	Ed Eberhart	\$220

Office Use Only Date Received: _____ Cost: \$ _____ Discount: \$ _____ Deposit: \$ _____ Scholarship: \$ _____ Amount Due: \$ _____

MEDICAL INFORMATION TO BE COMPLETED BY CAMPER OR, IF UNDER 18, PARENT/GUARDIAN

Camper Name: _____

Does the camper have any history of drug or other allergies? _____

List any medications and/or vitamins that the camper is currently taking? _____

Is the camper permitted to receive over-the-counter drugs? Circle: YES or NO

Is the camper free of communicable diseases? Circle: YES or NO

If NO, please explain: _____

Date of the camper's last tetanus booster: _____

Does the camper have any physical, emotional, or medical condition of which Elkhorn Valley should be aware? _____

INSURANCE INFORMATION

Insurance Company: _____ Policy or Group Number: _____

Physician: _____ City: _____ Phone Number: _____

I attest that _____ is in good physical condition and is able to participate in all camp activities.

Any exceptions: _____

IN CASE OF EMERGENCY: I hereby give permission to the physician selected by the camp management to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for me/my child as named on this form. I understand, however, that every effort will be made to contact me in case of such an emergency and, if possible, before any such medical treatment is administered. I agree to the release of any records for insurance purposes. This completed health form may be photocopied for use out of camp.

Signature of Camper or, if under 18, Parent/Guardian: _____ Date: _____

Parent Printed Name: _____ Phone Number: (____) _____

PLEASE NOTE: THIS TWO-SIDED FORM IS REQUIRED TO ATTEND OUR PROGRAMS

RELEASE / AUTHORIZATIONS INFORMATION

INSURANCE COVERAGE: EVCSC provides a secondary insurance policy for all camp participants. Parents/Guardian insurance policy will be used as the Primary coverage. Our insurance company, Brotherhood Mutual, will pay to the **Stated Policy Limit** any covered costs incurred while providing medical attention that are not paid by your or your spouse's insurance, or by any other policy providing coverage to the camper/participant.

AUTHORIZATIONS:

The health history given on the Camper Medical Information Form is correct and complete as far as I know, and the Camper herein described has permission to engage in all Camp activities except as noted. I agree to the release of any records necessary for insurance purposes. I give permission to the Camp to arrange necessary transportation for my child.

LIABILITY RELEASE:

I understand that my child assumes personal risk by participating in the activities at ELKHORN VALLEY CHRISTIAN SERVICE CAMP, INC. These activities include but are not limited to the ELKHORN VALLEY ADVENTURES PROGRAM, swimming, lake activities, sports activities, etc. I understand ELKHORN VALLEY CHRISTIAN SERVICE CAMP, INC., provides safe equipment and the basic instruction needed for my child's safety. I realize these activities are potentially dangerous by nature; therefore, I release ELKHORN VALLEY CHRISTIAN SERVICE CAMP, INC., as liable or responsible for injury in the event of a lawsuit.

The camp takes many photographs to use in various publications throughout the year. Please contact the camp if you have any concerns about your camper appearing in camp publications.

SIGNATURE OF PARENT / GUARDIAN:

_____ **Date:** _____

Elkhorn Valley staff is dedicated to meeting the needs of your child to ensure the best camp experience. We offer provisions for your child with special emotional and/or physical needs. Please indicate here if you would like for your child to have provisions and explain your child's special needs. Also, please list any concern that you have regarding your child's emotional and/or spiritual well-being (for example: divorce, death, trauma, behavioral problems, addictions, home sickness, etc). Contact us at 740-768-2148 if you need any further assistance.
