



Higher Ground Encampment Application

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Name:

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

City \_\_\_\_\_ Grade in September \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Any Church Affiliation? \_\_\_\_\_

Camper is under the custodial care of: (Check one)

Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Other \_\_\_\_\_

Father's or Legal Guardian's Name \_\_\_\_\_

Father's Address (if different from camper's) \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's or Legal Guardian's Name \_\_\_\_\_

Phone# \_\_\_\_\_ Work Phone \_\_\_\_\_

Person(s) other than parent or guardian who are authorized to pick up camper from camp: \_\_\_\_\_ Phone# \_\_\_\_\_

If no one other than parent or guardian is authorized to pickup camper from camp, check here: \_\_\_\_\_

Our goal is to provide a positive camping experience for all campers.

Please list any special needs (disabilities, fears, problems/concerns at home), which may need special accommodation/attention: \_\_\_\_\_

Is camper coming to camp with a friend? Name \_\_\_\_\_

Camp T-shirt size: Adult S \_\_\_\_\_ Adult M \_\_\_\_\_ Adult L \_\_\_\_\_ Adult XL \_\_\_\_\_

CONSENT OF PARENT OR GUARDIAN:

I have read the Higher Ground Encampment Brochure, understand the information, and agree to abide by the terms. I, \_\_\_\_\_, am the parent or legal guardian having legal custody of \_\_\_\_\_. I give my permission for my camper to attend camp and participate in all phases of the program, including any field trips away from the camp site, whether on foot or by vehicle (such as hikes or community service) with the following exceptions:

\_\_\_\_\_  
\_\_\_\_\_



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I understand that a statement of good health is required before my camper can attend, and that my camper's most recent vaccination record must be included.  
IN CASE OF EMERGENCY, I UNDERSTAND EVERY EFFORT WILL BE MADE TO CONTACT ME. I AUTHORIZE ALL MEDICAL, SURGICAL, DIAGNOSTIC, AND HOSPITAL CARE OR PROCEDURES WHICH MAY BE PERFORMED OR PRESCRIBED FOR MY CHILD BY A LICENSED PHYSICIAN OR HOSPITAL, WHEN EFFORTS TO CONTACT ME ARE UNSUCCESSFUL AND WHEN DEEMED IMMEDIATELY NECESSARY OR ADVISABLE BY THE PHYSICIAN TO SAFEGUARD MY CHILD'S HEALTH. I WAIVE MY RIGHT OF INFORMED CONSENT TO SUCH TREATMENT. HIGHER GROUND ENCAMPMENT HAS MY PERMISSION TO RENDER ANY REASONABLY NECESSARY FIRST AID TREATMENT TO MY CHILD. Should you be unable to reach me in an emergency, the following persons other than parents/legal guardians are authorized to act in my behalf:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

If no one other than parent/legal guardian is authorized to act, please check here: \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Legal Guardian

I give permission for my child's name, e-mail, address, and phone number to be published in a camp directory, which will be distributed to each camper and staff member at the end of the camp session. I also give my permission for my child to be photographed and to allow Higher Ground Encampment to release said pictures for Higher Ground Encampment publicity purposes.

Date \_\_\_\_\_

Signature of Parent/Legal Guardian

During our camp session, the subject of baptism is often discussed.

Has your child been baptized? \_\_\_\_\_

If not, and your child expresses interest in being baptized at camp which of the following actions would you like us to take based on her age and maturity?

\_\_\_\_\_ You may allow my child to make their own decision regarding baptism.

\_\_\_\_\_ Please contact me before taking any action regarding baptism of my child.

Date \_\_\_\_\_

Signature of Parent/Legal Guardian