



The Christian Church (Disciples of Christ) in Tennessee CAMP AND CONFERENCE REGISTRATION/HEALTH FORM

Please indicate if this form contains new address, email or phone #s _____

PART I: CAMPER INFORMATION

First Name:	Last Name:	Name Child Goes By:
Street:	City, State, Zip:	Home Phone:
Date of Birth:	Female Male	Grade Next Fall:
Parent/Legal Guardian:	Daytime Phone:	Parent's Cell:
Church you attend:		Church City:
Parent's email:		Camper's email:
Camper's T-shirt size: (Circle one) Child: S M L Teens/Adults: S M L XL 2XL		

PART II: CAMP DATES, AGES AND PAYMENT INFORMATION

Mail all forms to: Christian Church in TN, 4006 Ashland City Hwy. Nashville, TN 37218. Regional Office phone 615-646-3705 ***No forms or payment will be accepted at Bethany Hills Camp.***

Check-in for each camp (except Discovery) is from 3-5 p.m. Pick up is at 11:00 a.m. Please be prompt!

*Discovery Camp begins and ends at 11am. **Registration Deadline: Three Weeks Prior to Camp**

CAMP NAME	COMPLETED GRADES	CAMP DATES	COST OPTIONS	
			Early Bird <small>BEST DEAL</small>	Regular
Family Camp		May 27-30	Cost for family of 5	Cabin \$250 Lodge \$300
Jr	3-5	May 31-June 3	Before May15: \$240	After May 15 \$265
Discovery*	K-2	June 1-3	Before May15: \$200	After May 15 \$225
CYF	9-12	June 4-10	Before May15: \$360	After May 15 \$385
Chi Rho	6-7	June 26-July 2	Before June 1: \$360	After June 1 \$385
Eighters	8	July 17-23	Before June 1: \$360	After June 1 \$385
Post High School	1 & 2 yr College	July 29-31	Before June 1: \$200	After June 1 \$225

Bethany Hills Camp Redevelopment Fund (Financial Gift): _____

PAYMENT

Amount Due: (Check dates above for correct amount- Early Bird, Standard or Late Registration.) \$ _____

Amount enclosed: (Minimum 50% of total. Remainder due three weeks prior to camp.) \$ _____

Balance due: \$ _____

Check the box if your church is paying a portion of your camp fee. In the amount of: \$ _____

*It is parents' responsibility to make these arrangements.

PART III: PERMISSIONS–SIGNATURES REQUIRED

1.Camper/Participant: I agree to participate fully in the camp program. I understand that if I do not abide by camp policy, I may be sent home at my parent’s expense:

Participant’s Signature _____

2.Parent/Guardian: Yes, No, the region does/does not have permission to photograph my child for promotional purposes including internet, newsletters, and film. Yes, my camper has my permission to participate in camp. In case of medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby grant permission to the physician selected by the camp staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child while attending camp. I/We further release the camp director(s) and staff, Christian Church (Disciples of Christ) in TN, their employees, the Regional Minister, and staff of the Christian Church (Disciples of Christ) in TN, the Regional Board of Directors and volunteers from responsibility and liability for any accidents or illness including COVID-19 occurring during or after camp.

Signature: _____ Date _____

3. Permission to dispense non-prescription drugs

I ___do or ___do not authorize the camp director or medical supervisor to dispense non-prescription drugs (i.e. Tylenol; ibuprofen) if needed.

Signature: _____ Date _____

PART IV: REQUIRED CAMPER INFORMATION Camper’s Name: _____

Emergency Contact Information

Name: _____ Relationship to Camper: _____

Address: _____ City: _____ Zip: _____

Landline: _____ Cell Phone: _____ 2nd Phone: _____

PART V: REQUIRED CAMPER MEDICAL AND HEALTH INFORMATION

Note: Include a photocopy of the camper’s family medical insurance card (front and back) with this registration.

Camper’s Social Security #: _____ (S.S. # is for medical purposes only)

Insurance Carrier: _____ I.D. #: _____

Physician’s Name: _____ Phone: _____

On a separate sheet of paper, please list/explain if applicable:

- **any medical conditions that your child/camper has that we need to be aware of**
- **any medications your child/camper will need to take while at camp**
**Prescription medications MUST be in the original prescription container with the camper’s name, physician, and dosage directions on the label. For any non-prescription drugs, please provide written directions with parents/guardian signature. All medicines must be turned into director at check-in.*
- **any other situation, condition, or behavior of your child/camper that you feel camp directors and counselors need to be aware of- information will only be shared on a need-to-know basis for the benefit of your child/camper**

Rules for Acceptance and Participation are the same for everyone without regard to race, color, national origin, age, gender, or physical ability (Please notify the Regional Center of any special needs or considerations so that accommodations can be made.)

Liability: The Christian Church in Tennessee is not responsible for personal items that are lost, stolen or broken at camp.	Refund Policy: Notice of cancellation must be given to the Regional Office: (615)646-3705 or email: joan@tndisciples.org Refunds will be made minus a \$50 administration fee. Notice of cancellation must be received 21 days before camp starts in order to receive a refund.
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QUESTIONS? Contact the Regional Office: 615-646-3705 or email: regionaloffice@tndisciples.org

Mail or bring registration form to:
The Christian Church (DOC) in Tennessee
4006 Ashland City Highway
Nashville, TN 37218

ADDITIONAL INFORMATION IS AVAILABLE ON OUR WEBSITE: tndisciples.org