



## Camper Registration Form + AGES 8-12

Please read and complete **ALL** portions of this registration form.  
*We are unable to accept incomplete forms; incomplete forms will be returned for completion.  
 Please contact us if you need assistance or if you have any questions. Thank you.*  
 Free Camp; 900 S Nelson St, Amarillo, TX 79104  
 Phone: 806-373-6108 Fax: 806-376-4639

### CAMPER INFORMATION **Must Be Completed**

|                |              |  |
|----------------|--------------|--|
| First Name:    | Last Name:   |  |
| Address:       | E-mail:      |  |
| City:          | State:       | Zip:                                     |
| Home Phone:    | Cell:        |  |
| Date of Birth: | Current Age: | Gender <i>(circle one)</i> : Male Female |

### FAMILY / EMERGENCY INFORMATION **Must Be Completed**

*In case of emergency or at camp dismissal, 2 of the listed contacts must be AVAILABLE and IN TOWN during the camp.  
 Also, please INITIAL next to those persons who are authorized to pick up your child from camp.*

|   |                                  |
|---|----------------------------------|
| 1) Parent/Guardian:                               | Relationship to Camper:          |
| Cell/Home Phone:                      Work Phone: | Authorized to Pickup Child _____ |
| 2) Emergency Contact:                             | Relationship to Camper:          |
| Cell/Home Phone:                      Work Phone: | Authorized to Pickup Child _____ |
| 3) Emergency Contact:                             | Relationship to Camper:          |
| Cell/Home Phone:                      Work Phone: | Authorized to Pickup Child _____ |

### CHURCH / MISCELLANEOUS INFORMATION

Church You Attend: \_\_\_\_\_ City, State: \_\_\_\_\_

---

I was invited by: \_\_\_\_\_ I have been to Free Camp before: YES or NO

---

How did you hear about Free Camp? *(circle one)*: Church Friend Website Mall Other

#### T-SHIRT SIZE *(circle one)*:

Youth Small *(sz 6-8)*    Youth Medium *(sz 10-12)*    Youth Large *(sz 14-16)*  
 Adult Small    Adult Medium    Adult Large    XL    XXL    XXXL

|  |  |
|--|--|
| <p><i>I understand that I must follow all camp rules and obey all camp staff.<br/>         If I do not, I will not be allowed to participate, and if necessary, I will be sent home.</i></p> <p>_____</p> <p>Camper Signature                      Date Signed</p> | <p style="text-align: center;"><b>Office Use Only</b></p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">CJ</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">CB</div> </div> <p style="text-align: center;">Print: B</p> |
|--|--|



## Camper Registration Form + AGES 8-12

Please ensure you read and complete **ALL** portions of this registration form.  
*We are unable to accept incomplete forms; incomplete forms will be returned for completion.*  
*Please contact us if you need assistance or if you have any questions. Thank you.*  
Free Camp; 900 S Nelson St, Amarillo, TX 79104  
Phone: 806-373-6108 Fax: 806-376-4639

### INSURANCE INFORMATION Must Be Completed

Please provide a copy of policy information, if possible.

Name of Insured: \_\_\_\_\_ (Policyholder)

Medical Insurance Co.: \_\_\_\_\_

Employer: \_\_\_\_\_ Policy/Certificate #: \_\_\_\_\_

Employer Group No.: \_\_\_\_\_

### MEDICAL HISTORY Must Be Completed

Please check  all that applies

Asthma  Heart Problems  Diabetes  Seizures  Hypertension  Lung disease

Other (be specific) \_\_\_\_\_

Medicine/Food Allergies (list) \_\_\_\_\_

Please recognize that Free Camp utilizes physical and outdoor environments. However, we recognize that some have physical/mental limitations/restrictions. Please list ALL that apply.

#### Medication Administration

Medications accompanying youth to camp must be presented to camp officials upon arrival. All medication must be in the original container. A written request from parent/legal guardian must accompany all medication stating dosage and time to be administered. Medication **WILL NOT** be given without this permission. Over-the-counter treatments may be implemented by the staff for minor illnesses, if needed. No aspirin or products containing aspirin will be administered. Medications that are not picked up at end of camp will be properly disposed if not collected in a reasonable time frame.

### RELEASE / AUTHORIZATION Must Be Completed

I, the undersigned parent/legal guardian, hereby grant permission for my child to participate in the pre-arranged activities relating to the camp, **including travel to and from** such pre-arranged games and events. **Initial** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/2011

I hereby, for and in consideration of the activities with Christian Heritage Church of Amarillo, Texas, do hereby authorize any adult staff member to secure, obtain, or otherwise see to all medical care/treatment, including any emergency operation requiring anesthesia which, in the opinion of said adult and in consultation with competent medical personnel, may be necessary as a result of injuries or illness sustained by said child while engaged in camp-related activities.

I prefer Dr. \_\_\_\_\_, Phone (\_\_\_\_) \_\_\_\_\_ be contacted, if convenient and practical.

I do here further release said Christian Heritage Church of Amarillo, Texas, from any and all claims, demands, actions, or causes of actions made by me or any other person under my direction of control by virtue or as a result of any injury or illness sustained by aforementioned child while engaged in any camp-related activity. **I accept responsibility for payment of expenses incurred as a result of medical treatment.**

I do here further authorize said Christian Heritage Church of Amarillo, Texas to publish and or present any recorded media of said child in the advertisement or promotion of Free Camp and its activities. I also recognize and understand that my aforementioned child **MUST** obey the rules and regulations of the camp or he/she will not be allowed to participate and, if deemed necessary, will be sent home.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date Signed



**Camper (8-12)  
Registration  
Friday, July 29, 2011**

**Camp Dates  
July 29 – August 1, 2011**

on the campuses of

**Christian Heritage Church  
900 S Nelson St  
Amarillo, TX 79104**

**Camp Don Harrington  
15401 Farm to Market Rd 1541  
Amarillo, TX 79118**

- 
- ✦ If possible, please mail or return completed registration form by Friday, July 8, 2011.  
(If you have any questions, contact Jake or Chelsea Bunn at 806-376-8715 / 9am-12pm Mon.-Fri.)
  - ✦ Campers may begin checking in for camp at 10:00 am on Friday, July 29 at **CAMP DON HARRINGTON**.
  - ✦ **CAMP DISMISSAL** is at 10:00 am on Monday, August 1 at **CHRISTIAN HERITAGE CHURCH**.
  - ✦ A parent/legal guardian or authorized emergency contact must personally withdraw campers through Registration before a child can leave the event or at camp dismissal.
  - ✦ Transportation **IS NOT** provided to or from the event
- 

All Campers should follow the  
**Four Rules,  
One Attitude Principle**

- 1) **RESPECT** all facilities and all people in them.
- 2) **REMAIN** in the area until the event is over.
- 3) **STAY IN** the boundaries of camp and camp events & **STAY OUT** of areas only for a specific gender.
- 4) **OBEY** all leaders.



**Attitude: CHRISTIAN CONDUCT** should be displayed at all times!

---



# CAMPER CHECKLIST

*Please make every effort  
to have these items.*

**IMPORTANT:** Mark each item clearly.

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>✦ All items should be brought in a duffle bag, suitcase, or backpack with your name on it.</li> <li>✦ Small duffle bag/backpack to carry items during travel to events/activities             <ul style="list-style-type: none"> <li>✦ Sleeping Gear<br/>(sleeping bag/bedroll, pillow, air mattress; FREE Camp does not provide beds!)</li> <li>✦ Pillow</li> <li>✦ Pajamas/Night Clothes</li> <li>✦ Clothes for 3 days<br/>(modest shorts, pants, tops, and warm clothes in case of cool weather)</li> <li>✦ Jacket/Sweater<br/>(just in case)</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>✦ Prescription Medication<br/>(properly marked and stored; plus, we can't make sure you take it if you don't bring it)</li> <li>✦ Towels &amp; Washcloths</li> <li>✦ Shampoo &amp; Soap</li> <li>✦ Toothbrush &amp; Toothpaste</li> <li>✦ Other grooming/hygiene accessories<br/>(hairbrush, deodorant, etc.)</li> <li>✦ Sunscreen &amp; bug repellent             <ul style="list-style-type: none"> <li>✦ Swimsuit<br/>(Girls: two-piece suits are to be covered with a t-shirt)</li> </ul> </li> </ul> |
|--|--|

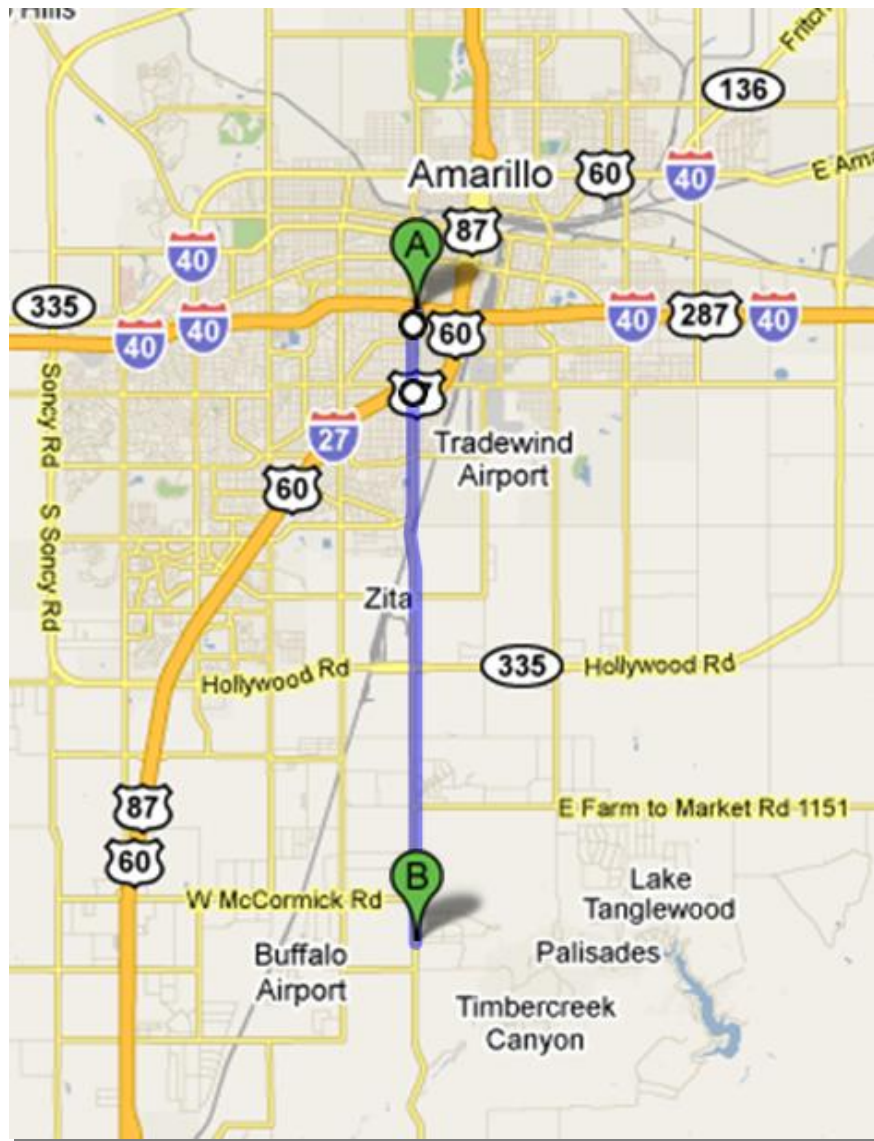
## **DO NOT BRING:**

**CELL PHONES,** money, jewelry, radios, tape/CD players, handheld games, expensive clothes/shoes, or any other item that would cause loss if broken or misplaced.

*Christian Heritage Church, affiliate & guest churches/organizations,  
and the workers of these organizations  
are not responsible for lost or broken articles.*

Please return the front of the registration form to:

**FREE CAMP**  
900 S Nelson St Amarillo, TX 79104



## Directions to Camp Don Harrington (Boy Scouts Campground)



from and Washington Street

Camp Don Harrington: 15401 Farm to Market Road 1541  
Amarillo, TX 79118

Head south on Washington  
Continue south  
Pass Old Claude Hwy  
Approximately 2 more miles on the left

Any Questions CALL: (806) 376-8715