

Day Camp 2022 Registration Instructions

Every camper needs to complete the following forms and return them to Rolling Hills Bible Camp, along with camper fees for Day Camp.

1. Registration Form for Day Camp
2. Medical Information/Release Form (child will not be permitted to stay if form is not signed)
3. Property Damage Liability Form
4. Authorization for Pick-up Form (required for every camper in the case of an emergency)

The elders request that you follow the Camp Dress Code: All clothing must be modest. All pants must be to the knee. NO LEGGINGS, t-shirts with sleeves and/or sides ripped out, no tank tops, midriff tops, halter-tops, or see-through tops. Skin should not be visible between shirt and pants. A t-shirt must be worn over 2 piece swimsuits. NO clothing with alcohol and/or tobacco advertisement or inappropriate wording will be permitted. The camp director may ask you to change if you are deemed immodest or inappropriately dressed.

Pre-registration Day Camp fee is \$80

PRE-Registration Deadline:

All registration paperwork and payment must be submitted on or before June 12, 2022 to receive the pre-registration cost. There will be a **\$10 additional fee** if you register after the pre-registration deadline, for a total of \$90.

Fees are not refundable.

A camper is not registered until all forms and fees are received at the Rolling Hills office.

Return forms and fees to:
Rolling Hills Bible Camp
125 Rolling Hills Drive
Mount Sterling, KY 40353

If you have questions, please call us at (859) 498-1013 or (606) 481-9097.

Please do not mail the registration forms after the Tuesday before camp starts.

DAY CAMP 2022 REGISTRATION FORM

Time: 10:00 AM – 3:00 PM (ages 4 - exiting grade 2) June 20- June 24
 Opening Day registration begins at 9:15. Please arrive early Monday so classes may begin at 10 am. Campers should arrive no earlier than 9:30 Tuesday thru Friday. Pick up time is 3:00 PM sharp.

Campers MUST attend the week designated for their age/grade group. Day Campers must be at least 4 yrs. old on first day of camp. Exceptions must be pre-approved by the director(s) and/or elders.

Mail registration form to: *Rolling Hills Bible Camp, 125 Rolling Hills Drive, Mt. Sterling, KY 40353*

OFFICE USE		
Amt. Rec'd	_____	
Amt. Refunded	_____	
Cash ___	Check #	_____
Scholarship	_____	
Date Rec'd	_____	
MED	PROPERTY	PICK-UP

Name _____ Parent Phone _____

Age or Last Grade Completed by Camper 4yr. 5yr. K 1st 2nd Male ___ Female ___

Birthday _____ Age _____ Parent e-mail _____

Address _____

City _____ State _____ Zip Code _____

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 IXL 2XL)

Pre-registration Day Camp fee is \$80.

Total Amount \$ _____

Less Parent Worker Discount \$ _____

(See Camp Fees & Discounts form)

Late Registration fee (+) \$ _____

Total Amount Enclosed \$ _____

Pre-Registration Deadline: All registration paperwork and payment must be submitted on or before June 12, 2022 to receive the pre-registration cost. There will be a \$10 additional

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

I have read the rules and policies of the Rolling Hills Bible Camp and I understand that I will be held financially responsible for property damaged or destroyed due to malicious or irresponsible behavior of my child (including replacement of damaged Temper-Pedic mattresses).

SIGN HERE

Parent's Signature

Date

Medical Release Form
 Rolling Hills Bible Camp
 125 Rolling Hills Drive, Mount Sterling, KY 40353

I (We), the undersigned, parent (s) of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the provisions of the Medical Practice Act on the medical staff of **St. Joseph (Mt. Sterling) Hospital or any accredited hospital**, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent (s) to give specific aforementioned physician in the exercise of his best judgment may deem advisable.

I, as such parent or guardian, reserve the right to renounce the authority herein granted, in writing, at any time hereafter, and *I hereby acknowledge that I, as the parent or guardian of such minor child, am fully responsible for any and all debts and charges incurred to any physician, surgeon, dentist, and hospital for and on account of any examination, treatment, or care furnished to such child, pursuant to and consented to by the name party hereunder, pursuant to the terms of thereof.*

I understand that financial responsibility for medical or dental treatment lies with the camper's primary insurance. I agree that Rolling Hills Bible Camp, Rolling Hills Church of Christ, staff members, and/or any congregation supporting the camp will not be held responsible for any expenses or liability incurred due to accidents or illness beyond that covered by insurance.

 PRINT: Responsible Party Name _____ Signature _____ Date _____

Parent SS# _____ Camper's SS# _____
(Social Security Numbers are required by the hospital)

Last Tetanus Shot: _____ Allergies: _____

Medication: (Please Fill Out Medication Form)

Restrictions: _____

Family doctor's name/ phone _____

Insurance Company _____

Policy Number _____

Camp Nurse or staff has permission to administer Tylenol or other mild over-the-counter medication as needed for headache, low fever, itching, etc.

SIGN HERE

 Signature of Parent or Legal Guardian _____ Date _____ Phone _____

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 including, but not limited to, the Tempur-Pedic mattresses.

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.

EVERY CAMPER and PARENT/GUARDIAN MUST READ & SIGN THIS LIABILITY NOTICE.

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

SIGN HERE

Camper Date

**Rolling Hills Bible Camp
REQUIRED FOR EVERY CHILD UNDER 18**

Authorization for Picking Up Child

Please include someone other than parents in case of an emergency.

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.

SIGN HERE

Parent or Guardian _____ Date Signed _____

Parent Contact Information: Cell Phone: _____ Work Phone: _____

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



Camp Fees and Discounts for 2022

Christian Leadership Instructional Camp - NO FEE

Day Camp

Pre-registration fee: \$80.00

Late Registration: \$90.00

Overnight Camp

Grades 3 & 4 / Grades 5 & 6

Pre-registration fee \$100.00

Late Registration: \$110.00

Pre-registration deadlines:

Day Camp: June 12

9th—12th GRADES: June 19

7th — 8th GRADES: June 26

5th — 6th GRADES: July 3

3rd — 4th GRADES: July 10

Fees are not refundable.

Overnight Camp

Grades 7 & 8 / High School Week

Pre-registration fee \$105.00

Late Registration: \$115.00

All registration forms and fees must be received in the church office by the pre-registration deadline to qualify for pre-registration rates. If any form or payment is not on file by that date, you will need to pay the additional \$10 late fee.

FULL TIME STAFF must work the entire week of camp and spend nights if applicable. **DISCOUNT:** 1 child in immediate family (son or daughter) free for every full week you work; other children in immediate family 50% off. No discount is given for other relatives (grandchildren, nieces, nephews, cousins). Includes all directors, recreation directors, senior counselors, nurses, cooks and Day Camp staff who work full time. Late registration is an additional \$10.00.

PART TIME STAFF earns 25% off for each child (son or daughter). Includes part time teachers, nurses, cooks, and senior counselors.

DAY CAMP JUNIOR COUNSELORS earn a 25% discount off their week as a camper. Grades 4-6 receive 25% off \$100.00 (discount of \$25.00 for a cost of \$75.00, Grades 7 – 12 receive 25% off \$105.00 (discount of \$26.25 for a cost of \$78.75), plus \$5 for activity - total \$83.75). Late registration is an additional \$10.00.

GRADES 7 - 12 WHO SERVE AS OVERNIGHT JUNIOR COUNSELORS earn a 50% discount off \$105.00 (discount of \$52.50 for a cost of \$52.50 plus \$5 for activity - total \$57.50). Late registration is an additional \$10.00.

To ensure that you receive the discount, please request it so you won't be overlooked.

Policy updated 2020

Elders: Mike Donaldson, Kenney Gulley, Eddie Ingram, Jim Welch, Doug Trent, Jerry Carmichael

ROLLING HILLS BIBLE CAMP

Meal Reservation Form

Do you plan to eat a meal at camp with your child? If so, please complete the following reservation form to ensure that we will have enough food prepared. Donations for meals are appreciated.

Guest of (Camper) _____

Camp week _____

Name _____

Number coming (excluding camper) _____

Please check appropriate date and meal:

_____ Monday	_____ Lunch
_____ Tuesday	_____ Lunch
_____ Wednesday	_____ Lunch
_____ Thursday	_____ Lunch
_____ Friday	_____ Lunch