

Ellingson's

2 Day Bible Camp Thursday, June 17 & Friday, June 18 for kids entering K - 7th grade in Fall, 2010



Christian Day Camp

Registration Instructions: Please complete pages 1, 2 & 3 and mail with \$95 fee plus any extended day fees per camper to:

Hidden Pines Ranch
10670 75th Street North
Stillwater, MN 55082

Phone: **651-430-1282** E-mail: **GreggandRobin@HiddenPinesRanch.com**
On the web at **www.HiddenPinesRanch.com**

Parent/Guardian Information: *Please note that we plan to communicate with you primarily by e-mail.*

E-mail address: Ground mail address:

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Street City State ZipCode

Parent/Guardian First Name	Parent/Guardian Last Name	Home Phone* <small>*Please include at least one</small>	Work Phone* <small>phone numbers for each</small>	Cell Phone* <small>parent/guardian*</small>	Add'l E-Mail address	Other mailing address
		() -	() -	() -		
		() -	() -	() -		

Camper information: Camper Name(s)	Birth date	Gender M/F	Grade in Fall 2010	School/Church	*T-shirt Size*	Camp Session Number(s)	Circle Extended Day Choice(s) \$4 a.m./\$4 p.m.
						B	a.m. p.m. none
						B	a.m. p.m. none
						B	a.m. p.m. none

**T-shirt size:* Child sizes 10/12, 14/16 and Adult Sizes S, M, L, XL (Note: T-shirts run small, child size 6-8 is available but recommended for small kindergartners only).*

Registration must be received by March 15, 2010 in order to guarantee t-shirt size(s). Registration must be received by May 1st to receive a t-shirt.

Special Grouping/Program Requests:

Please use the space provided to let us know if you have any preferences about how your child(ren) should be grouped (i.e. would you like your child(ren) grouped with a certain friend, should twins be grouped together or apart...)

Camper Name: _____ **Special Grouping/Program Requests** (We do our best to accommodate your special grouping requests, although we can't make guarantees)

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Emergency Contacts:

First and Last Name	Relationship	Home Phone	Work Phone	Cell Phone
		() -	() -	() -
		() -	() -	() -

Pick-up Instructions:

The following individuals are permitted to pick up my child/ren from camp (Please note that as long as your child knows who will be picking him/her up each day, it is not necessary to inform Hidden Pines Ranch when any of the listed people are scheduled to pick up your child from camp.) _____

The following individuals do NOT have permission to pick up my child/ren from camp (please explain): _____

Health & Medical Information

Camper Name:

Health Care Providers Contact Information:

Dentist/Orthodontist Name:		Phone: () -		Medical Insurer Name:	
Physician / Clinic Name:		Phone: () -		Policy or Group Number:	

Allergies:

Food Allergies: Other Allergies:

Medications:

Permission to administer ibuprofen (i.e. Advil or Motrin): Yes / No Permission to administer acetaminophen (i.e. Tylenol): Yes / No

Medication Please list all over-the-counter and prescription medications HPR will administer. Reason for medication

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Please provide enough medication to last the entire camp session, and keep the medication in its original packaging, complete with instructions for administering.

General Health Questions:

Circle: Yes / No		If yes, give approx. date		Circle: Yes / No		If yes, give approx. date		Circle: Yes / No		If yes, give approx. date
Y / N	ADD/ADHD		Y / N	Eating disorders		Y / N	Menstrual			
Y / N	Asthma		Y / N	Emotional difficulties		Y / N	Mononucleosis			
Y / N	Autism		Y / N	Fainting spells/episodes of dizziness		Y / N	Mumps			
Y / N	Bedwetting		Y / N	Frequent ear infections		Y / N	Seizures			
Y / N	Bleeding Disorders		Y / N	Frequent headaches		Y / N	Skin Problems			
Y / N	Chicken Pox		Y / N	Heart Defect/Disease		Y / N	Tourettes Syndrome			
Y / N	Diabetes		Y / N	Measles		Y / N	Other:			

Use this space to describe any of the above or other health issues we should know about:

Activities Restrictions:

Activities the participant should not participate in, or adaptations necessary:

Signature: (required for attendance)

This health history is accurate and complete as far as I know. The participant has my permission to participate in all activities except those noted in the "Activities Restrictions" section. I give Hidden Pines Ranch permission to provide routine health care, administer prescribed medications according to my instructions, and seek emergency medical or dental care including ordering x-rays or routine tests. I agree to the release of any records needed for insurance purposes. I understand that Hidden Pines Ranch will attempt to reach me in the event of emergency and/or use my preferred health care provider and the most cost-effective emergency transportation, but I hereby give permission to the transporter or physician selected by the camp to secure and administer treatment, including hospitalization, for the participant named above. This completed form may be photo copied for trips out of camp.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Agreement:

REFUNDS: The camp fee is **non-refundable** after May 15, 2010. Other payments are non-refundable except in cases of extended illness or accident.

ABSENCES: No reimbursement will be available for absences.

ACCIDENTS / ILLNESS: In the event that a child is hurt at the camp and needs emergency treatment or becomes ill and unable to participate in the camp program, the staff will try to reach the camper's parents, emergency contacts, or the family physician. Costs incurred by injury/illness are the responsibility of the parent/guardian and their health insurance.

ACTIVITY PARTICIPATION: While this camp is operated on the highest safety standards, we do not assume liability for sickness, disease or accidents. Children will be gently encouraged to participate in supervised activities such as the following: swimming, horseback riding, camping, canoeing, tennis, bike riding, art, crafts, science, outdoor sports, animal care, drama, climbing wall, archery, and other activities not listed but appropriate to the environment at Hidden Pines Ranch. A signed letter or completion of the "Activities Restrictions" section of the Health and Medical Information form is required if parents wish a child to be excluded from a specific activity.

LOST AND FOUND: Everything brought to camp should be marked with a name. Items not needed at camp should be left at home. The camp is not responsible for lost, stolen or broken articles.

PICTURES: Your signature on this Parent/Guardian Agreement form will be considered permission to use pictures taken of your child at camp in our newsletters, brochures, exhibits, web site, online photo album and other advertising materials.

DISMISSAL: For the protection of your child's interests, we reserve the right to dismiss or suspend any camper whose influence is not positive to the camp environment.

RELEASE OF CLAIMS: In consideration of the permission granted to my child by Hidden Pines Ranch, Inc. to participate in the various activities of the camp, the undersigned parent/guardian hereby releases Hidden Pines Ranch, Inc., its agents and employees from all actions, causes of action, damages, claims, or demands which I, my heirs, executors, administrators, or assigns may have against Hidden Pines Ranch, Inc., and other above-described parties for all personal injuries known or unknown which my child has or may incur by participating in the camp activities.

Signed (Legal Parent/Guardian) _____ **Date** _____

Thank you for Choosing Hidden Pines Ranch Christian Day Camp! To register your child for our 2010 Bible Camp, please:

1. Complete pages 1-3 of this packet.
2. Complete one Health & Medical Information form for each child registered.
3. Mail the above documents, along with a \$95 camp fee, plus any extended day fees for each child to:

Hidden Pines Ranch
10670 75th St. Stillwater, MN 55082

When we receive your complete registration packet, we will e-mail your confirmation and receipt.

Don't hesitate to contact us with your questions at any time: e-mail: GreggandRobin@HiddenPinesRanch.com by phone: **651-430-1282** on the web at: www.HiddenPinesRanch.com