

CAMP TOHIGLO 2017 REGISTRATION FORM

OFFICE USE ONLY

Date Reg Fee Received: _____

Reg Amount Received: _____

Paid in Full Name of Camper: _____ Camper's Age: _____ Date of Birth: ____/____/____ Girl Boy

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Parent's Work/Cell Phone: _____ Parent's Email Address: _____

Church camper attends church at: _____ Pastor's Name: _____

Camper has completed grade _____. This is camper's _____ year attending Camp Tohiglo. Suggested cabin mate: _____

WEEK OF CAMP: Mark the age-appropriate week for camper. This is an overnight camp Sunday - Friday. **Primary Week** (ages 7-8) July 9-14 **Junior Week** (ages 9-10) July 16-21 **Pre-Teen Week** (ages 11-12) July 23-28 **Teen Week** (ages 13 and up) July 30-August 4

Indicate amount you (camper) will pay: _____ and/or church will pay: _____ Remember, the \$30 deposit must accompany this form; it counts towards the total.

Name(s) of person(s) authorized to pick up child: _____ Phone number(s): _____

CAMPERS: I understand the camp guidelines, and agree to cooperate in all areas. I know that failure to comply may result in dismissal from camp.

*Signature of Camper*____/____/____
*Date***PLEASE NOTE:** Do not send by email; forms must be sent by regular postal mail. Send forms to TO THE REGISTRAR, not the camp. See address at right.Additional forms may be downloaded online: www.camptohiglo.org**MAIL FORMS TO:****Dana Dick, Registrar**
13504 Herman Myers Rd
Hagerstown, MD 21742

CAMP TOHIGLO HEALTH FORM 2017

Cabin - Nurse Use 

Emergency Contact Name: _____ Emergency Contact Phone: _____

Is the camper's Tetanus Shots up to date? _____ Date of booster: ____/____/____ Has the camper stayed away from home before? _____ Can the camper swim? _____

Does or has the camper had: Mark "Y" for yes and "N" for no: _____ Seasonal Allergies _____ Respiratory Issues _____ Skin Conditions _____ Diabetes _____

Describe any other condition which the camper has experienced in the past 3 months, and/or any condition which may affect the camper's week at camp. Also provide additional details for conditions mentioned above: _____

List any allergies. Is the camper allergic to any drug/medicine/food? _____

PARENTS: I have read and agree with registration information, including all Guidelines. I give Camp Tohiglo permission to publish my child's picture in camp media/publications. I give my child permission to travel off-campus for activities, if scheduled. I understand that all prescription and over-the-counter medications must be unexpired, labeled with patient's name, and provided to the Camp Nurse during registration. I hereby authorize the release of medical information necessary for insurance purposed to Camp Tohiglo. The Fellowship of Bible Churches will in no way be responsible for medical treatment or liability resulting from physical conditions existing prior to the child coming to camp. If I cannot be located in the event of an emergency and there is a need for the hospital doctor to treat and/or operate, I hereby give you my permission.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

**Forms which are not signed will
returned for signatures.**