

# CAMP TOHIGLO 2018 REGISTRATION FORM

## OFFICE USE ONLY

Date Reg Fee Received: \_\_\_\_\_ Cabin No: \_\_\_\_\_ Registration No. \_\_\_\_\_

Name of Camper: \_\_\_\_\_

Camper's Age at the Time of Camp: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: 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 8-13     **Junior Week** (ages 9-10) July 15-20     **Pre-Teen Week** (ages 11-12) July 22-27     **Teen Week** (ages 13 and up) July 29-August 3

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): \_\_\_\_\_

**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. Make checks payable to **Camp Tohiglo**. Additional forms may be downloaded online; **NEW for 2018: online registration!** [www.camptohiglo.org](http://www.camptohiglo.org)

**MAIL FORMS TO:**  
**Dana Dick, Registrar**  
**13504 Herman Myers Rd**  
**Hagerstown, MD 21742**

# CAMP TOHIGLO HEALTH FORM 2018

Camper Name: \_\_\_\_\_

Cabin - Nurse Use



Emergency Contact Name and Phone Number (if parent is unreachable): \_\_\_\_\_

Is the camper's Tetanus Shots up to date? \_\_\_\_\_ Date of booster: \_\_\_\_/\_\_\_\_/\_\_\_\_ Has the camper stayed away from home before? \_\_\_\_\_

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

Describe any other 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 and 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 purposes 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.

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

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Printed Name of Parent or Guardian*