



CAMP TOHIGLO REGISTRATION 2024

OFFICE USE ONLY

Date Reg Fee Received: _____ Reg No. _____ Cabin No: _____

Camper Name: _____ Gender: Girl Boy

Camper's Age at the time of camp: _____ Date of Birth: ___/___/___ T-Shirt Size: _____
Free T-Shirt. Youth Sm-Large, or Adult S-3X.

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

Home Phone: _____ Parent Cell/Work Phone: _____ Parent email: _____

Camper attends church at: _____ Pastor's Name: _____

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

FOR STAFF KIDS / JUNIOR STAFF

Camper will be a staff member this summer,
 Camper's Parent will be a staff member this summer,
during _____ week(s).

WEEK OF CAMP:

<input type="checkbox"/> Primary Week	(ages 7-8)	July 7-12	Sun-Fri Sun. Check-in 2:00 - 4:00p	Fri Dismissal 2:00p
<input type="checkbox"/> Primary Day Camp	(ages 7-8)	July 8-12	Mon-Fri 8:00a-4:30p M-F	Fri Dismissal 2:00p
<input type="checkbox"/> Junior Week	(ages 9-10)	July 14-19	Sun-Fri Sun. Check-in 2:00 - 4:00p	Fri Dismissal 2:00p
<input type="checkbox"/> Junior Day Camp	(ages 9-10)	July 15-19	Mon-Fri 7:45a-5:00p M-F	Fri Dismissal 2:00p
<input type="checkbox"/> Pre-Teen Week	(ages 11-13)	July 21-26	Sun-Fri Sun. Check-in 2:00 - 4:00p	Fri Dismissal 4:00p
<input type="checkbox"/> Pre-Teen Day Camp	(ages 11-13)	July 22-26	Mon-Fri 7:45a-5:00p M-F	Fri Dismissal 4:00p
<input type="checkbox"/> Teen Week	(ages 13-18)	Jul 28-Aug 2	Sun-Fri Sun. Check-in 1:00 - 4:00p	Fri Dismissal 5:00p
<input type="checkbox"/> Teen Day Camp	(ages 13-18)	Jul 29-Aug 2	Mon-Fri 7:45a-5:00p M-F	Fri Dismissal 5:00p

Indicate amount you (camper) will pay: \$ _____ and/or church will pay: \$ _____

Overnight Camp: **\$270** ea. (Teen Wk. +\$20) Early & Late Bird Pricing (Teen Wk. +\$20):

- \$230 Feb 1--Mar 31
- \$250 Apr 1--May 31
- \$270 Jun 1--2 Weeks Prior to Your Week's Starting Date (if approved)
- \$310 After Deadline and Day of Camp (if approved)

(\$30 non-refundable deposit included in price)

Day Camp: **\$250** ea. (Teen Wk. +\$20) Early & Late Bird Pricing (Teen Wk. +\$20):

- \$210 Feb 1--Mar 31
- \$230 Apr 1--May 31
- \$250 Jun 1--2 Weeks Prior to /your Week's Starting Date (if approved)
- \$290 After Deadline and Day of Camp (if approved)

(\$30 non-refundable deposit included in price)

PICK-UP AUTHORIZATION (Must list at least one person.)

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

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

[DO NOT SEPARATE SECTIONS. KEEP AS ONE FORM.]

HEALTH SECTION • 2024

Emergency Contact Name & Phone No. (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" or "N" for yes or no) ___ Allergies ___ Respiratory Issue ___ Skin Conditions ___ Diabetes

Describe any other condition which may affect the camper's week at camp. Also provide additional details for conditions marked "Y" above:

ALLERGIES:

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, Inc. will in no way be responsible for medical treatment or liability resulting from physical conditions existing prior to the child coming to camp. I will not hold Camp Tohiglo responsible should my child be inadvertently exposed to COVID-19 or any other communicable disease.

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.

SIGN

Signature of Parent or Guardian

Printed Name of Parent or Guardian

MAIL FORM TO:

Dana Dick, Registrar
13504 Herman Myers Rd
Hagerstown MD 21742

PLEASE NOTE:

- Do not send form by email; forms must be sent by regular postal mail along with your deposit.
- Send forms TO THE REGISTRAR, not the camp. See address at left.
- Make checks payable to **Camp Tohiglo**.
- Additional forms may be downloaded online
- For online registration, visit: www.camptohiglo.org

Forms which are not signed will be returned for signature.

Remember, a \$30 **non-refundable registration deposit** must **accompany** this form to be officially registered - it counts towards the total fee.

CAMP or NURSE USE ONLY

Notes:

