

Geneva Hills Camp
1380 Blue Valley Rd. SE, Lancaster, OH 43130
Phone: 740-746-8439 Fax: 740-777-4492



<http://www.genevahills.com>

Geneva Hills 2012 Winter Camp Registration

Please Print:

Date of registration: _____

Camper's Name _____ Age at Camp _____

Birth date: _____ Grade Level Recently Completed _____ Boy _____ Girl _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

E-mail _____

Shirt Size Child S M L Adult S M L

I would like to share a bunk with:

Parent's Name: _____

Work # _____ Cell # _____

Parent's Name: _____

Work # _____ Cell # _____

Emergency Name: _____

Phone # _____

Insurance Carrier _____

Policy # _____

How did you hear about Geneva Hills Camp?

**THIS SECTION MUST BE SIGNED BY PARENT AND/OR GUARDIAN BEFORE
REGISTRATION IS ACCEPTED.**

I hereby give permission to Geneva Hills Camp to transport the child named above off the camp property for the purpose of medical care or program activities as deemed appropriate by the Camp Director. I hereby authorize the camp nurse to provide for and secure treatment of all health issues that arise at camp for child named above. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the child named above. I understand that Geneva Hills does not provide accident/medical insurance for the child named above. Medical bills, including prescription drugs, will be the responsibility of the parent or guardian named below. Geneva Hills has the right to use my credit card on file to pay for prescription drugs.

Rules for campers are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that Geneva Hills reserves the right to dismiss a child from camp whose special needs they are not able to provide for or whose conduct is not in the best interest of the camp community, without refund. I will notify the director if my child has any serious restrictions related to his/her participation in the camp program.

I am aware of the following policies regarding camp fees: Deposits are non-refundable; No refunds will be given for canceling within 14 days of my child's camp session; No refunds are given if a camper is dismissed from camp due to disciplinary action; No refunds are given if campers leave early due to homesickness or personal commitments. Account balances are due on June 1, 2012 and I authorize Geneva Hills to charge any fees due at that time to my credit card on file (if applicable). Any registration submitted on May 15, 2012 or later must be paid in full at the time of registration.

Geneva Hills has my permission to use photographs and video taken of my child while at camp for promotional purposes.

We or I (Parents/Guardians) have read and agree to all the conditions of this registration.

Signature of parent/guardian:

Date: _____

2012 Geneva Hills Camp Weeks and Cost

Winter Camp Campers: 6th, 7th, 8th, and 9th Graders

Session 1: February 10th – 12th

Cost of camp is \$68 for Friday through Sunday.

Session 2: February 17th – 19th

Drop off/Sign in for Winter Campers starts at 6:00 PM on both Fridays. Campers should've already eaten dinner, there will be a snack later in the evening along with our programming. Camper pick up time is Sunday at 1:00pm.

Registration fees need to be paid no later than first day of camp. If you register before January 6th, 2012 you qualify for an early registration discount.

**We accept checks and money orders.
All Checks and Money Orders must be made out to Geneva Hills**

- Special Early Registration Discount: \$8.00 Savings
Registration must be received by January 6th, 2012 to qualify for the Early Registration Discount.
- First Time Geneva Hills Camper Discount: \$8.00 Savings
**** Only one discount may be used per camper registration****

PAYMENT METHOD Check _____ Money Order _____ Credit Card _____

Amount Paid _____

CC: Visa/MC/Disc/AMEX _____ EXP Date: _____ CVV2: _____

Name As it appears on the Card: _____