

HIS HILL RANCH CAMP

Summer 2024



HIS HILL
Bible School • Camp • Retreats

Please mail registration form or visit our website at www.hishill.org/camp to register online. A \$100 deposit is required to make a reservation.
Confirmation information will be sent by e-mail.

His Hill Ranch Camp
P.O. Box 9
Comfort, TX 78013
www.hishill.org
camp@hishill.org
830-995-3388

Camper Information: (Please print clearly, one camper per application)

First Name: _____ Last Name: _____ Date of Birth: ____/____/____
Address: _____ City: _____ State: _____ Zip code: _____
Age: ____ Sex: M F Church: _____ School: _____
Parent/Guardian: _____ Cell Phone: _____ Work/Home Phone _____
Parent/Guardian E-mail Address: _____ 2nd Parent/Guardian E-mail Address: _____
of years attending His Hill: ____ Additional siblings coming to camp: ____ Grade entering in fall 2024: ____
Emergency Contact: (other than parent): _____ Relationship to child: _____
Emergency contact phone: _____ How did you hear about camp? _____

Office use only:

E.C.L. Sent:

Snack Bar:

Discount:

Deposit:

Week:

2024 Dates and Fees:

A \$100 (non-refundable) deposit per camper per week is required to reserve a place. It will be deducted from your tuition. Please check the week(s) you are interested in attending.

Overnight \$595

High School \$615

Day Camp \$295

- _____ June 9-14 · Ages 8-13 (Full)
_____ June 16-21 · Ages 8-12 (EL1)
_____ June 23-28 · Ages 8-12 (EL2)
_____ June 30-July 5 · Ages 8-12 (EL3)
_____ July 7-12 · Ages 8-12 (EL4)
_____ July 14-19 · Ages 12-15 (JH1)
_____ July 21-26 · Ages 15-18 (HS)
_____ July 28-Aug 2 · Ages 12-15 (JH2)
_____ Aug 5-9 · Ages 6-9 (Day Camp)
-Day Camp Pick Up (Please choose one):
_____ Boerne _____ His Hill

Roommate Request:

Overnight Cabins and Day Camp Groups

Name: _____

*Campers must mutually request each other and must be no more than one year apart to be considered. One request per camper. We will make every attempt to accommodate your request.

Discounts:

* Bring a Friend Discount: \$50

I have invited _____ to attend
His Hill Ranch Camp for their 1st time.
(Discount applies to each friend who is attending camp
for their first time.)

* Early Registration Discount: \$25
(Registration must be postmarked by March 1, 2024)

* Sibling Discount: \$50
(Applies to each additional child)

~ No Discounts for Day Campers ~

Activity Choices:

(If you are applying for high school or day camp you do not need to fill out the activity request.)

Please list activities in order of preference, 1 being the first choice. Activities are assigned on a first-come, first served basis. No choice is guaranteed.

*Archery * Canoeing * Crafts * Game On! * Horses * Low Elements * Riflery * Swimming * Tower Challenge *

1. _____ 2. _____ 3. _____ 4. _____

5. _____ 6. _____ 7. _____ 8. _____

Note: If you do not wish to participate in a particular activity at all, please indicate here: _____

*His Hill does not discriminate on the basis of race, color, national or ethnic origin.

Please Complete and Return to:

His Hill Ranch Camp

P.O. Box 9

Comfort, TX 78013

office use only

Week Code:

Initial

Camper Medical and Release Form 2024

To be completed by parent or guardian, please print clearly, one camper per form.

Name: _____ Birthday: _____ Age at Camp: _____ Weight: _____ Sex M F
Last First Middle initial

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

Custodial Parent/Guardian: _____ Primary Phone Number: _____

Work Number: _____ Emergency Contact: _____

Emergency Contact Phone: _____ Relationship to child: _____

Parent/Guardian's Insurance Carrier: _____ Group #: _____

Phone Number: _____ Member I.D.: _____

Health History-check if applicable

_____ Asthma	_____ Wears Glasses
_____ Ear Infections	_____ Wears Contacts
_____ Heart Trouble	_____ Bed Wetting
_____ Seizures	_____ Serious Injury
_____ Diabetes	_____ Serious Illness
_____ Measles	_____ Serious Headaches
_____ Chicken Pox	_____ Fainting
_____ Mumps	_____ GI Disturbance
_____ Psychiatric Treatment	_____ Operations (list dates)
_____ Eating Disorder	_____ Other (specify below)
_____ Autism/Aspergers	
_____ Bleeding/Clotting Disorders	

Please add any additional information that may affect his/her stay at camp: _____

Allergies-Specify, describe reaction and management

_____ Insect Stings: _____

_____ Poison Ivy/Oak: _____

_____ Hay Fever: _____

_____ Foods(list): _____

_____ Medicines: _____

Nutritional Restrictions: _____

Activity Restrictions: _____

Medications to be taken routinely during camp:

Bring enough medication to last the entire time at camp. Over the counter and prescription medicine (including inhalers) must be in their original packaging/bottle. Prescription medicine must identify the prescribing physician, the name of the medicine, the dosage and the frequency of administration. Sample medication or any changes to the original prescription require a note written by the prescribing physician on their office letterhead.

This person takes NO Medication on a routine basis _____ This person takes medication as follows: _____

Med 1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med 2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med 3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medication.

Identify any medications taken during the school year that camper does not take during the summer.

Name _____
Last First M.I.

Immunization History: His Hill does not require any vaccinations to attend camp. *The Texas Department of State Health Services requires that we ask the following questions.* Please list last booster date (month and year required) DPT (Tetanus) _____ Polio _____ MMR _____ VAR _____

If you have chosen not to immunize your camper, please write "N/A" in the blanks above and explain your reasons for not immunizing your camper below. If your reasons are personal, please simply write "personal".

The camper is under the doctor's care for the following conditions: _____

Current Treatment: _____

Doctor's Name: _____ Phone Number: _____

Permission Allowing Medication/Treatment/Emergency Care

I understand that all medication must be in the container in which it was purchased, which identifies the medication, the dosage, and the time to be given. Prescription medication must include the camper's name and prescribing physician. I will obtain standing orders from the physician should the infirmary caregiver request more detailed instructions. I give my permission for the infirmary caregiver to administer the prescribed and over the counter medication allowed by the camp physician's standing orders (e.g. Tylenol, Sudafed, Chlortrimitin and Benadryl). All medication including inhalers, must be given to the infirmary caregiver during registration, to be stored throughout the camp stay. No medication can be administered without the completion of this form and signature of parent or guardian.

I hereby give permission to the medical personnel selected by His Hill to order X-rays, routine tests, and treatments, to release any records necessary for insurance purposes; and to provide necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by His Hill to secure and administer treatment, including hospitalization for my child. This completed form may be photocopied for trips out of camp.

I authorize any physician, nurse, or other health care provider, to communicate with the camp medical staff and the camp director of His Hill Ranch Camp, or his/her designee about my child's medical condition, treatment and/or prognosis. I further authorize the camp medical staff to discuss any medical conditions with the director, his/her designee, and the child's counselor when the medical staff, in its sole discretion, believes such communication to be in the best interest of the child. These authorizations are limited to the summer of 2024.

Signature of parent if camper is under 18

Date

Permission to Participate in Activities & be Photographed

My child has permission to attend His Hill Ranch Camp Summer 2024 and to participate in all activities, including but not limited to, swimming in the pool and river, low elements, tower and tower related activities, horseback riding, and equine activities. **WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

I understand that as a participant, my child may be photographed, or videotaped during normal His Hill activities and these photos/videos may be used in promotional materials. I hereby release His Hill Ranch Camp, Torchbearers His Hill, and its Directors/Owners, employees, and volunteers from any and all liability due to injury, etc., and realize that the camp activities in which my child will be participating involve a high degree of physical exertion and activity.

I understand that His Hill cannot be responsible for lost or broken items and that unclaimed items will be donated to charity one week after my camper's session. I understand, and will comply with all cabin mate policies and procedures and with all cancellation policies and procedures. I have had sufficient opportunity to read this entire document. I have read and understood the above information and agree to be bound by its terms.

Parent/Guardian: _____

Date: _____