

Dear Camper,

Enclosed is your application for Camp Hope Haven, a Non-Denominational Christian camp that strives to meet the spiritual, physical and emotional needs of boys and girls. Please read all of the enclosed information carefully before filling out any of the forms.

We have put great effort into this year to make it the best yet! We divide our camp into sessions according to ages in order to provide a program especially for each group. **This year, we will not be offering camp for children age 13.** Camp will only be offered for children up to 12 years of age. Please pay careful attention to the ages and weeks.

**Please fill out application completely and return it to us immediately with the \$8 non-refundable registration fee. This fee is used in the coverage of our camp insurance and money for snack shop. First time campers should also include proof of their age (i.e., a photo copy of either a birth certificate or I.D. card). Please fill out the Health Information Section completely. Any blank spaces will result in a delay in application being processed. Application deadline is June 1<sup>st</sup>.**

Return your completed application as soon as possible. Each week of camp is filled on a first come, first serve basis. We will notify you **TWO WEEKS** before time for you to come to camp.

Registration will **ONLY** be at Camp Hope Haven. There will be **no bus transportation** from the Union Mission in downtown Norfolk. We look forward to seeing you this summer!

Sincerely,  
Camp Hope Haven Staff

**\*\*\*\*PLEASE TAKE CAREFUL NOTE OF DATES AND AGES\*\*\*\***

<b><u>Girls Ages 7-9</u></b>	<b><u>Girls Ages 10-12</u></b>	<b><u>Boys Ages 7-9</u></b>	<b><u>Boys Ages 10-12</u></b>
June 28- July 2	July 12-16	July 5-9	July 19-23
July 26- July 30		August 2-6	

**\*\*PARENTS\*\***

While the amount necessary for each camper to attend is only an \$8.00 registration fee, the actual cost for each child to attend for the week is \$100.00. Camp is covered by gifts from friends in the Tidewater area who desire to provide a Christian camping experience for boys and girls who might otherwise not be able to afford it. If you are able, we would encourage you to consider making a donation to help send another child to camp this summer.

Week Requested \_\_\_\_\_

Office Use

Cabin # \_\_\_\_\_

**Camp Hope Haven**

757-427-1500 or 757-430-2235 or Fax – 757-430-3968

**Camper Information**

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

Circle one: Male or Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Have you ever attended Camp Hope Haven? Yes No

I would like to be in a cabin with: \_\_\_\_\_ (Only one name will be honored)

**(Application is due by June 1st. Requests for cabin mate may not be able to be honored after application deadline.)**

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name: \_\_\_\_\_

\_\_\_\_\_ Biological Parent Step Parent Foster Parent Legal Guardian

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**Two different numbers must be listed. Please do not list your cell phone number as a contact for all three numbers.**

**Demographic Information**

*This information is needed to aid in the fund-raising process in order for Camp Hope Haven to provide services to those in need.*

**Living Situation:** Two-parent home Single parent home Foster Care Guardian

**Household Income:**

*(Circle One)*

\$0-20,000 \$20,000-40,000 \$40,000-60,000 \$60,000-80,000 \$80,000+

**Health Information**

1. Does your child attend public school?
2. If no, what is the date of their last Tetanus or D.P.T. Series? Year \_\_\_\_\_
3. Please list any present conditions or past illness that will affect the child's attendance at this camp. (Medical problems, bedwetting, etc.)
4. Does your child have/had Seizures?  
If yes, how long ago?

5. Is your child allergic to any foods?
6. Does your child have any general allergies? (I.e. insect bites, stings, grass, etc.)
7. Please list all current medications your child is on. Failure to list medications your child is on prior to registration may prevent your child from attending camp. **All prescription bottles must be labeled with child's name and appropriate dosage. Medication will only be dispensed according to how the doctor prescribed it.**

Name of medication	Dosage	Times given/Frequency	Medical Condition
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I give my permission to Camp Hope Haven Staff to administer the following per directions on box:

***(Please check all that apply) Unless the boxes are checked the staff CANNOT administer the medication, authorization CANNOT be given over the phone.***

\_\_\_\_\_ Pepto-Bismol    \_\_\_ Tums    \_\_\_\_\_ Ibuprofen    \_\_\_\_\_ Benadryl    \_\_\_ Acetaminophen

Signature of Parent or Guardian: \_\_\_\_\_

Please print the name(s) of individual(s) who will be picking up your child on **Friday at 3:00 P.M.** The only person(s) that may take your child home is the person(s) listed on the sheet. If a situation arises and the names need to be changed, please call 757-430-2235.

Names of Individual(s): \_\_\_\_\_

Telephone # \_\_\_\_\_

**EMERGENCY CONTACT**

Please list the name of the person you would like us to contact in the event that we are unable to reach you. Please do not list yourself as the emergency contact. The emergency contact should be someone who is able to pick your child up in the case you are unable to be reached in an emergency situation.

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Phone # \_\_\_\_\_ (Please list all possible contact #'s for the emergency contact)

I consent for (child) \_\_\_\_\_ to attend Camp Hope Haven and will not hold the Union Mission or sponsors liable in case of sickness or accident and I give my consent for necessary treatment in case of accident or emergency.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Camp Hope Haven  
Parent And Camper Agreement**

The camp staff and administration of Camp Hope Haven desire for your child have a safe, fun-filled week of camp. To ensure this, certain rules must be understood and enforced. Any child, who cannot obey any of the following, will be sent home immediately. **There will be no exceptions. Parents will be expected to pick up their child within a reasonable length of time after being notified.**

- There will be **no fighting** at any time. Not only will the child be sent home for starting the fight, **but if the other child retaliates, he/she will be sent home as well.**
- Campers will be respectful of other campers and staff **at all times.**
- Bullying ***will not*** be tolerated.
- **All** campers will **listen and follow directions at all times.**

Parents, we thank you in advance for your support in this matter.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE UNION MISSION MINISTRIES  
PHOTO/VIDEO RELEASE**

**Child's Name:**

\_\_\_\_\_  
(Please Print)                      (Last)                      (First)                      (Middle Initial)

**Parent/Legal Guardian:**

\_\_\_\_\_  
(Please Print)

I hereby give THE UNION MISSION the absolute right and permission to copyright and/or publish, or use photographic portraits/pictures of video of my child, or in which he/she may be included in whole or in part, or media at their studios or elsewhere, for art, advertising, trade or any other purpose whatsoever.

I hereby release, discharge, and agree to save THE UNION MISSION from any liability that may occur in any processing tending toward the completing of the finished product.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_