

Dear Camper,

I hope and pray that your New Year is off to a good start! We are excited to see all of the great things God has in store as we trust in Him through this year.

I wanted to let you know about some of the new and exciting changes with our HOPE camp program and explain some of our goals with these changes. Change can sometimes be difficult but it is our prayer that these are changes that will allow us to reach more people for Jesus.

- 1) Our disabilities camp program that we have recently started calling HOPE (Helping Our People Excel) Camp is moving from an overnight program to a day program running from 10:00 in the morning to 7:00 in the evening. This 9 hours of program will be packed with a whole week's worth of fun, activities, and learning that will be super exciting for everyone. We will provide both lunch and supper along with a snack time that always generates fellowship. Worship times will be led by local youth groups followed by great Bible teaching. Crafts and various activities will remain a big part of the program along with our favorite talent show. Our plan is for you to leave that day saying, "Wow, that was a great time of Christian fellowship and fun all while learning more about Jesus!"
- 2) Campers will bring with them a caregiver or buddy that will remain with them throughout the day. This caregiver will not be asked to pay any fees yet will still receive all meals and activities that are provided to the camper. This caregiver can be a relative, a friend, a group home worker, a fellow church attendee, or just someone who wants to hang out with you for the day. This caregiver will need to be familiar with your needs so that you can have the best day possible. It is our hope that this person has as much fun and enjoyment during the day as the camper and will also leave that day saying, "Wow, I'm glad I came and got to experience a great day with my camper!"

We still plan to have several nurses on site to help with medicines and care. Also, the camp will have many workers that will be leading the programs and activities so it is bound to be a very fun and exciting day with everything done pointing to the love of Jesus.

In the past we have been very limited on numbers due to the lack of caregivers. With this new program we should not have to turn anybody away for any reason. So no more waiting lists and no more us saying sorry we don't have room. It is our prayer and hope that more people can come than ever before. Please join me in that prayer and please sign up to day while telling your friends to sign up too.

You may register online at [www.whitemillschristiancamp.com](http://www.whitemillschristiancamp.com) or you may register by filling out the form included with this letter. If you have any questions or need help registering you can call the camp at 270-872-9088. Kelly Fulcher is our registrar and would love to help you come to camp!

Lord willing we will see you soon!



# 2024 HOPE Day Camp Registration

Please choose your camp session(s)

\_\_\_\_HOPE Camp 1 July 29 Check-In 10:00 am Check-Out 7:00 pm

\_\_\_\_HOPE Camp 2 July 30 Check-In 10:00 am Check-Out 7:00 pm

Cost: \$125.00 per session, \$120.00 before May 1.

You may register either online or by filling out this form and mailing it in with your payment.

Please send to:

White Mills Christian Camp

PO Box 129

White Mills, KY 42788

## CAMPER INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender M F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Camper Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church \_\_\_\_\_ Is camper baptized? \_\_\_\_\_

Primary disability \_\_\_\_\_ Wheelchair? \_\_\_\_\_

First Time Camper? \_\_\_\_\_

## PARENT/GUARDIAN CONTACT INFORMATION

Parent/Caregiver \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Contact Number \_\_\_\_\_ Email \_\_\_\_\_

## EMERGENCY CONTACTS

Please list, in order, the person we should call in the event of a medical, behavior or other emergency.

1. Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## BUDDY/CAREGIVER INFORMATION

This is for the person who will be accompanying the camper and attending to their needs during HOPE Camp.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

## CAMPER MEDICAL INFORMATION

### ALLERGIES

Please list any allergies (food, medical, latex, etc) and treatment:

Allergy\_\_\_\_\_ Treatment\_\_\_\_\_

Allergy\_\_\_\_\_ Treatment\_\_\_\_\_

Allergy\_\_\_\_\_ Treatment\_\_\_\_\_

Allergy\_\_\_\_\_ Treatment\_\_\_\_\_

### MEDICATIONS

You may list medications here or attach a copy of a current MAR sheet. All medications (including over-the-counter and PRN) will be turned into nurse at the beginning of the session. Please send all medications in their original containers along with the MAR sheets.

Medication\_\_\_\_\_ Dosage/Frequency\_\_\_\_\_

Medication\_\_\_\_\_ Dosage/Frequency\_\_\_\_\_

Medication\_\_\_\_\_ Dosage/Frequency\_\_\_\_\_

Medication\_\_\_\_\_ Dosage/Frequency\_\_\_\_\_

Best person to call regarding medical questions:\_\_\_\_\_

## AUTHORIZATION FOR PARTICIPATION IN CAMP AND FOR MEDICAL TREATMENT

I, having the authority to consent for the camper's health care, do hereby delegate my authority to consent to said camper's care (named on this form) to White Mills Christian Camp. I grant permission for the caregiver to request and authorize any and all examinations, medical treatments, and/or procedures to or for the benefit of the camper as may be deemed advisable or appropriate by any physician licensed to practice medicine. I understand however that every effort will be made to contact me in case of such emergency and if possible, bore any such medical treat is administered. I hereby release White Mills Christian Camp or its staff members, management, or officers liable unless guilty of negligence. I hereby give permission for any photos or video to be taken during camp to be used for promotional purposes.

By signing below, I agree that my camper and his/her caregiver will abide by White Mills Christian Camp's Statement of Faith while participating in camp.

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_ Date \_\_\_\_\_  
(Camper)

\_\_\_\_\_ Date \_\_\_\_\_  
(Buddy/Caregiver attending camp with above camper)

## PAYMENT INFORMATION

Payment will be due upon registration. Please contact us with any questions.

### Please choose one:

\_\_\_\_\_ The deposit (\$50.00) is enclosed

\_\_\_\_\_ The entire camp fee is enclosed.

\_\_\_\_\_ Payment will come from State Guardianship or another source.

\_\_\_\_\_ I require an invoice. Please send to:

Name \_\_\_\_\_ Email \_\_\_\_\_