



CAMPER APPLICATION

4th- 12th Grade Camper Fee - \$120

Additional Child Discount - \$100

Pre-Camper Fee - \$25

(Fees include: housing, food, activities, & t-shirt)

By signing this application you agree to follow all the guidelines and requirements set by the Director and Staff.

Name: _____ Male: _____ Female: _____

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

Birthday: ____/____/____ Age: _____ School Grade Finished ('22-'23): _____

Congregation: _____

Have you been baptized? : _____ Yes _____ No

Contact Information:

Parents/Guardians: _____

Family Email Address: _____

Mother's Cell #: _____

Father's Cell #: _____

Please list one other contact person:

Name: _____

Relationship to Camper: _____

Phone: (C) _____ or (O) _____

**Applications are due by
Sunday, May 28th**

Mail/Give Applications & Fee to:

Skyler Sexton, Director

PO Box 609

Chapel Hill, TN 37034

NOTE: Make checks payable to
Chapel Hill Church of Christ
memo – CHBC 2023

Camp Use Only:

Date Received _____

Amount Paid: _____ Ck # _____

Camp T-Shirt Orders: Youth Small ____ Youth Medium ____ Youth Large ____ Youth X-Large ____

Adult S ____ Adult M ____ Adult L ____ Adult XL ____ Adult 2X ____ Other ____

Notarized Release and Authorization

This release form must be signed in the presence of a **NOTARY PUBLIC**. No exceptions allowed.

In consideration of Chapel Hill Church of Christ allowing my child, _____, to participate in church camp in June of 2023. I hereby release Chapel Hill Church of Christ and its supporting congregations and the camp staff from any and all liability in regard to this activity. I further authorize **Skyler Sexton or his representative** to sign in my behalf for any medical treatment and agree to hold **Skyler Sexton or his representative** harmless for acting on my behalf.

Parent Signature: _____

State: _____ County: _____

Subscribed and sworn before me by _____ on this _____ day of _____, 2023.

Notary Public: _____ My commission expires: _____

Name of Camper: _____

Male: _____ **Female:** _____ **Age:** _____

Date of Birth: _____ / _____ / _____ **Height :** _____ **Weight:** _____

Family Physician: _____ **Phone :** _____

Family Insurance Co.: _____ **Policy #:** _____

Medical Information:

Please list all of the medical information at the bottom that the camp director and staff might need to know about yourself. This includes all conditions, allergies, prescription drugs, etc. that the director, staff nurse, or other staff members need to know.

Other Important Medical Information:
