

# Hangin' Rock Christian Assembly, Inc.

## “Ice Breakers” Registration Form

Saturday, February 13, 2010

Please fill out and send with registration fee to: *Hangin' Rock, P.O. Box 218, West Lebanon, IN 47991-0218*  
Cost is **\$15.00** by February 6th or **\$20.00** after February 6th.

### Please use separate registration form for each camper.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_ School Grade: \_\_\_\_\_

Has camper been baptized by immersion? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Home Church: \_\_\_\_\_

Minister's Signature: \_\_\_\_\_  
(Needed if church is paying full or partial fees)

Emergency Contact: \_\_\_\_\_  
Name Phone

### Medical Information:

List allergies and current prescription medications: \_\_\_\_\_

List any surgeries within the last year: \_\_\_\_\_ Explain: \_\_\_\_\_

Is camper currently under physician's care? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Explain: \_\_\_\_\_

Is camper recovering from any injuries? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Explain: \_\_\_\_\_

Does the camper have any of the following? Asthma: \_\_\_\_\_ Food Allergies: \_\_\_\_\_ Medication Allergies: \_\_\_\_\_  
Convulsions: \_\_\_\_\_ Other Medical Concerns: \_\_\_\_\_

Please explain any of the above medical conditions: \_\_\_\_\_

Please explain any other physical, emotional, or mental concerns: \_\_\_\_\_

Please list any physical activity limitations (Hiking, Running, etc.) \_\_\_\_\_

Physician's Name and Phone: \_\_\_\_\_

### Please note: Any camper with an above-normal temperature will be sent home.

Parental Permission and Release of Liability: *I give permission for my child to participate in this event. I also give permission for my child to participate in rock climbing on HRCA's Indoor Climbing Wall. I will not hold the camp management or sponsoring churches responsible for accidents caused by negligence or disobedience on the part of my child. I give permission for medical treatment when necessary. I accept primary responsibility of medical coverage while my child is participating in this event. Further, I give Hangin' Rock permission to use photo and video taken at camp in promotional materials.*

Parent Signature: \_\_\_\_\_ Parent Name (Please Print): \_\_\_\_\_

Medical Ins. Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_