

BOB HARTLEY'S CAMP MOUNTAIN HEART

REGISTRATION FORM

PERSONAL CONTACT INFORMATION

CAMPER'S NAME: _____

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

PARENT/GUARDIAN CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

PHONE: _____

NAME: _____ RELATIONSHIP: _____

PHONE: _____

HEALTH INSURANCE INFORMATION

Company: _____ Policy #: _____

Effective Date: _____ Insured: _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

PHONE: _____

NAME: _____ RELATIONSHIP: _____

PHONE: _____

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Class choices and other details 2026

Name: _____ **Age:** _____

Roommate request: _____ (NOT a guarantee)

In addition to participating in group activities for all campers, each camper has the choice of **3 activities (classes)** directed toward their personal interests. All classes are appropriate for all ages.

Please select one class from each of the groups below. Every effort will be made to honor requests!

Group 1: Outdoor activities (fishing, archery, etc.) _____

Dance Class _____

Group 2: Sports (variety of different sports and outdoor games) _____

General Crafts _____

Group 3: Fun with Science _____

Rockets _____

Please select your camper's T-shirt size:

	YS- youth small		AS- adult small
	YM- youth medium		AM- adult medium
	YL- youth large		AL- adult large
			XL- adult extra large
			XXL- adult extra extra large

Please complete and return this form ASAP!

Return by fax to 304-293-1409, email to tracy.campmountainheart@gmail.com, or by mail to PO Box 4629, Star City, WV 26504

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CAMPER CONTRACT

Attending camp is a privilege provided by financial donors and volunteers that work very hard to make it happen. In order to provide a fun and safe week for everyone, it is important that all campers understand they are expected to follow certain rules and guidelines for behavior. If these rules are not followed, campers will be asked to leave camp early and their parents will be required to collect them at that time. Furthermore, the individual may not be invited to return to camp in the future. By providing you with the camp's expectations in advance, we hope to avoid any potential problems.

- Campers are expected to be polite to and respectful of one another and anyone involved with the camp.
- Campers are required to remain in designated areas during all activities unless accompanied or granted permission by a counselor.
- The grounds, including the cabins, should be cared for and not damaged.
- Profanity or offensive language or conversation will not be tolerated.
- Fighting, bullying or inappropriate touching will not be tolerated.
- Smoking, drinking, stealing, possession of illegal items or any disruptive behaviors will warrant immediate expulsion from the camp.

THERE ARE NO CELL PHONES ALLOWED AT CAMP!

We have phones available and will assist your child in calling home. This allows us as counselors to give you feedback about your child, as well as, get information from you if your child is 'homesick'.

I _____ (camper) understand these expectations and that if I do not follow the guidelines, I will be asked to leave camp.

(Camper signature)

I _____ (parent / guardian) understand the expectations and that I will be asked to pick my child up should they not be followed.

(Signature of parent/guardian)

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CAMPER SPENDING ACCOUNT

Although the camp is completely free for your child, we participate in several activities throughout the week in which your child may like to have some extra spending money for souvenirs, games, refreshments or incidental purchases. We prefer for your child not to carry their own money so it is not lost. For that reason, we ask for a deposit to your child's spending account that we will keep safe and distribute to your camper at their request. You may deposit any amount that you wish for your child, however, \$20 is the customary amount.

Please choose your choice:

☐ I have enclosed a check in the amount of \$_____ for my camper_____.

☐ I will be bringing cash to camp registration for my camper_____.

If there is any money left in your child's account at the end of camp, would you be willing to donate the balance to Camp Mountain Heart?

☐ **Yes**, please consider this a donation.

☐ **No**, please return the balance to me at the end of camp.

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EMERGENCY RELEASE FORM

In the event I cannot be reached in an emergency, I, _____,

give my permission to a physician selected by the Camp Director of Camp Mountain

Heart to hospitalize, secure proper treatment, order injection, anesthesia or surgery

for my child, _____ (child's name).

(Parent/Guardian Signature)

(Date)

BOB HARTLEY'S CAMP MOUNTAIN HEART

TRAVEL PERMISSION FORM

I give my permission for my child, _____, to travel
(Camper's Name)
via chartered bus, on a field trip. This trip is in conjunction with **Bob Hartley's Camp
Mountain Heart.**

Date:
(Signature of Parent/Guardian)

I DO NOT give my permission for my child, _____,
(Child's Name)
to travel via chartered bus, on a field trip. This trip is in conjunction with **Bob Hartley's
Camp Mountain Heart.**

Date:
(Signature of Parent/ Guardian)

BOB HARTLEY'S CAMP MOUNTAIN HEART

PHOTOGRAPH PERMISSION FORM

I DO give my permission for **Bob Hartley's Camp Mountain Heart** to photograph/film

_____, during Camp. These photos/films will be
(Camper's Name)

utilized for purposes of expanding awareness of **Bob Hartley's Camp Mountain Heart**, through advertisement, brochures, news broadcasts, website, etc.

Date:

(Signature of Parent/Guardian)

I DO NOT give my permission for **Bob Hartley's Camp Mountain Heart** to

photograph/film _____, during Camp
(Camper's Name)

Date:

(Signature of Parent/Guardian)