

# Rolling Hills Youth Recharge

## REGISTRATION FORM

June 20 – 24, 2021

Contacts: Danny and Cyndi Murphy

Location: Rolling Hills Bible Camp

Rolling Hills Youth ages 4 – 2<sup>nd</sup> Grade  
Monday thru Thursday, 10 am – 3 pm

Rolling Hills Youth Grades 3 – 12  
4 pm Sunday thru Thursday, Overnight

Please complete a registration form for each child, along with a medical release form and return by June 9<sup>th</sup> to the designated basket in the foyer.

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

**Age/Last Grade Completed:** \_\_\_\_\_

**T-Shirt Size:** *Circle one*

**Child**      S   M   L

**Adult**      S   M   L   XL   2XL   3XL

**(over)**

**Medical Release Form**  
**Rolling Hills Bible Camp**  
**125 Rolling Hills Drive, Mount Sterling, KY 40353**

I (We), the undersigned, parent (s) of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the provisions of the Medical Practice Act on the medical staff of **St. Joseph (Mt. Sterling) Hospital or any accredited hospital**, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent (s) to give specific aforementioned physician in the exercise of his best judgment may deem advisable.

I, as such parent or guardian, reserve the right to renounce the authority herein granted, in writing, at any time hereafter, and ***I hereby acknowledge that I, as the parent or guardian of such minor child, am fully responsible for any and all debts and charges incurred to any physician, surgeon, dentist, and hospital for and on account of any examination, treatment, or care furnished to such child, pursuant to and consented to by the name party hereunder, pursuant to the terms of thereof.***

**I understand that financial responsibility for medical or dental treatment lies with the camper's primary insurance. I agree that Rolling Hills Bible Camp, Rolling Hills Church of Christ, staff members, and/or any congregation supporting the camp will not be held responsible for any expenses or liability incurred due to accidents or illness beyond that covered by insurance.**

\_\_\_\_\_  
**PRINT: Responsible Party Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Parent SS#** \_\_\_\_\_

**Camper's SS#** \_\_\_\_\_

*(Social Security Numbers are required by the hospital.)*

**Last Tetanus Shot:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

\_\_\_\_\_  
**Medication:** \_\_\_\_\_

\_\_\_\_\_  
**Restrictions:** \_\_\_\_\_

**Family doctor's name/ phone** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

**Camp Nurse or staff has permission to administer Tylenol or other mild over-the-counter medication as needed for headache, low fever, itching, etc.**

**Sign Here**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

Please sign for yourself if you are over 18 yrs. old