2023 Templed Hills Registration Form

Online registration available at www.templedhillscamp.org

PLEASE register for all camps as early as possible to allow camp directors to secure an adequate number of volunteers. Online payments are accepted and you may also register online and bring your payment to camp. Paper registration forms and check payments can be sent to:

Templed Hills Camp P.O. Box 11731 Bozeman, MT 59719

How many are you registering for each camp:

				•			
May 26-29	Cards & Gamers Ca	amp \$100/Ad	ult	_\$60/Youth	Kids 10 & ur	nder (free)	
June 8-10	Men's Retreat \$100/Adult \$60/Youth (age 13-18)						
June 23-24	Women's Retreat \$75/Adult \$45/Youth (age 13-18)						
July 11-15	Kids Camp \$220 (for kids entering 3rd through 6th grade)						
July 17-22	Youth Camp \$240 (for youth entering 7th through recent high school grads)						
Sept. 1-3	Friends & Family C	amp \$75/Add	ult	_\$45/Youth	_ Kids 10 & un	der (free)	
	Please make checks payable to						
Attendee	Information:		,	Templed Hil	ls Camp.		
Name		Camp	_ Age	_ Birthdate	Grade*	Gender	
Name		Camp	_ Age	_ Birthdate	Grade*	Gender	
Name		Camp	_ Age	_ Birthdate	Grade*	Gender	
Name		Camp	_ Age	_ Birthdate	Grade*	Gender	
Name		Camp	_ Age	_ Birthdate	Grade*	Gender	
	er will be Fall of 2023	Camp	_ Age	_ Birthdate	Grade*	Gender	
Address			We w	ll bring our own Ca	mper/Tent_		
City	State	Zip	We will be staying in a provided cabin				
Phone(s)			We ha	ve/ have not	_ been to Templ	ed Hills	
Email			Bunkmate Preference (s):				
Home Church _							
Food Allergies?							

Any restrictions, physical impairments and/or necessary limitations of activities	camp)
Medically Required Dietary Restrictions:	
Allergies and Reaction to Allergens (excluding seasonal allergies):	
Past Pertinent Medical History (i.e. diabetes, asthma, heart problems, seizures, etc.)?	
Medication Policy : Medications brought to camp MUST be given to the camper's counselor to be horescription medications MUST be in the original container with the camper's name, name of medication pharmacy label. All over-the-counter medication must be in the original container and accompanied by no identification WILL NOT be given.	n, and directions clearly marked on the
OVER THE COUNTER MEDICATION AVAILABLE AT CAMP- The following medication are administered as needed by Camp Staff. CIRCLE ANY MEDICATION THE CAMPER SHOULD NOT RECEIVE:	
IMMODIUM / NEOSPORIN / COUGH SYRUP BENADRYL / IBUPROFEN / SUDAFED / THROAT LOZENGES	S / DAYOUIII / CLARITIN / TUMS / PEPTO
BISMOL / TYLENOL / ZYRTEC / HYDROCORTISONE CREAM	// DATGOIL / CLAIMININ / TOWIS / TEL TO
authorize the staff on duty at Templed Hills to administer first aid as required for illness or injury. In case effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physico hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child (not voluntarily waive any claim against Templed Hills, its camp personnel or other person(s) transporting indicates attorney fees, expenses arising out of any loss, personal injury, accident, misfortune, or damager, with the understanding that reasonable precautions shall be taken to ensure the health and so further authorize the camp to use photos or videos taken of my child at camp for Templed Hills promomedia for camp brochures, articles, and camp websites. At no time will camp photos be used by unrela	sician or dentist selected by Templed Hills amed on Registration). ny child, against all liability, claims, ge to the above named or his/her afety of the above named. tion and advertising including print
Release from Liability and Assumption of Risk Agreement: I understand my/my child?	=
other physical activities: rock-climbing, rappelling, hiking skiing, snow-shoeing, swimming, running, pla white-water rafting, and riding in cars/vans. 1. I agree that I will not sue or otherwise make any claim against THBC, its employees, or it volunted resulting from any cause. I am aware of the inherent risks involved in the activities listed above, serious injury or death, and I hereby accept responsibility for the risks involved. 2. I agree that all equipment is used at my/my child's own risk. THBC and any other party shall not	ying games/sports, snowmobiling, ATV, ers, for any loss, injury or damage including but not limited to the risk of
of equipment. 3. I understand that any route or activity chosen as part of a hike, game, or other outdoor adventur chosen for its interest and challenge for the participants. 4. To the fullest extend allowable by law, I agree to defend, indemnify and hold harmless THBC and organizations, agents, volunteers, land/property owners, or employees, for any injury or death c participation in the activities associated with THBC, both scheduled or unscheduled, including t	e may not be the easiest but has been any of its officers, member, affiliated aused by or resulting from my
CAMPER BEHAVIOR AGREEMENT: understand that Templed Hills Camp has a strict policy which forbids the following behaviors: Smoking Bullying Illegal drugs Foul language (cursing) Inappropriate dress Alcohol Fighting Van	dalism/Theft Any type of harassment
agree to help create a safe and positive learning environment at Templed Hills by not participating in a form I also agree that if I do violate Templed Hills rules, I may be removed from the camp and sent home are dismissed due to misbehavior or if a parent/guardian makes a choice to leave. This form must be siparent or guardian.	e. No refunds will be made if campers
CAMPER SIGNATURE	DATE
CAMPER SIGNATURE	DATE
CAMPER SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE	DATE