

Hoffmantown Kids

CAMP

July 7th-12th, 2019

All registrations and payments must be received by Noon, June 9, 2019

Super Fun

Completed 2nd-5th graders

Cost \$225 per child

Scholarships Available

At Camp Oro Quay in East Mountains



Swimming

Rock Climbing

Hiking

Yummy Kid Friendly

Meals

Daily Bible Teaching

Paintball Guns

GaGa Ball

\$50 (non-refundable) deposit required to hold your spot

Scholarships and Payment Plans Available

Early Bird Discount

Pay in full with a credit or debit card online at <http://www.hoffmantownchurch.org/kids-camp/>

Before April 1st, 2019 and **Pay Only \$215**

Use code **KCMP** at checkout

Questions? Please contact Sarah Goodrich in Children's Ministry at (505) 858-8601 or sarahg@hoffmantown.org.

Camp Registration Form

Summer Bible Camp 2019

Individual Registration

- ~~Junior Camp – Week # 1 – June 9-14, 2019 – Ages 7-12 – Cost \$225~~
 Junior Camp – Week # 2 – July 7-12, 2019 – Ages 7-12 – Cost \$225 HC: Completed 2nd-5th graders only

MIDDLE SCHOOL

- ~~Jr High Camp – July 14-18, 2019 – Ages 12-15 – Cost \$195~~

Name: _____ Male Female
Address: _____ Last Grade Completed _____
State _____ Zip _____ DOB: _____/_____/_____
Phone # _____ e-mail _____

T-Shirt Size

- Youth M Youth L Small Medium Large Extra Large

Team Assignments

Teams are assigned by our staff. There is a two person limit to requested team mates. The staff will do their best to honor requests, but no guarantees can be made.

Team mate # 1: _____
Team mate # 2: _____

Parent Information

Name of legal Guardian: _____
Address: _____ State _____ Zip _____
Phone # _____ Mom Cell Phone # _____
Dad Cell Phone # _____ E-mail _____
Signature of Parent (required): _____ Date: _____

Payment

~~Please make checks payable to Singing Hills Ministries and send to:~~

~~**Camp Oro Quay 1441**
State Hwy 344
Sandia Park, NM 87047~~

HC: make checks payable to: Hoffmantown Church with Kids Camp-Your child's name in memo line
Credit card payments can be made through link on children's webpage
Cash will be accepted as well.

Let us know! – How did you hear about Camp Oro Quay?

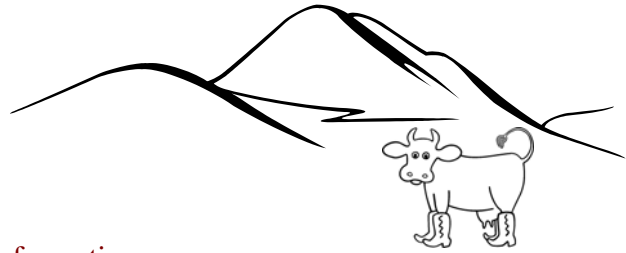
- Word-of-mouth Previously attended School Church Radio
 East Mountain Shopper The Market Place Other Church attending as group

Please note: By registering your child for camp, you give Camp Oro Quay the right to include pictures, videos or other likenesses of your child in its promotional materials including those in a printed and / or electronic form.

Camp Oro Quay

"A Division of Singing Hills Ministries"

1441 State Highway 344 Sandia Park, New Mexico 87047
(505) 281-5474



Permission to Treat / Release

General Information

Name _____ Age _____ Group name Hoffmantown Church
Address _____ City, State, Zip _____
In case of Emergency notify _____ Phone _____
Family Physician: _____ Phone _____
Family Insurance Company _____ Policy # _____

Medical Information

Previous operations or serious illnesses. _____
Current medication (list) _____

Allergies; Food _____
Insect stings and / or bites _____
Medications _____
Other _____

Please tell us if there are any medical concern with which we should be make aware. Such as Asthma _____, Sinusitis _____, Bronchitis _____, Diabetes _____, Hay Fever _____, etc.

Permission for Treatment / Release

Permission is granted for any of the group sponsors and of staff of Camp Oro Quay / Singing Hills Ministries to obtain necessary medical attention in case of sickness or injury to the above.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors, Singing Hills Ministries or it's agents and staff of Camp Oro Quay, from any and all claims, demands, actions or causes of action, past, present or future arising out of any damage or injury while employed by, visiting, or participating in activities at the camp. I also give permission for any photograph or video of my child while at camp to be used in marketing for promotional printed / digital material.

Printed Name of Parent or Guardian _____

Signature _____ Date _____

Hoffmantown Kids Camp 2019
Hoffmantown Church
8888 Harper Dr. NE Albuquerque, NM 87111
Children's Ministry offices: 505-858-8601

Child Name: _____ Parent/Guardian Name: _____

I consent to my child, _____'s participation in the Hoffmantown Kids Camp. These events include kids activities such as group physical activities, swimming, rope courses, and recreational activities, including transportation to and from and participation in activities hereafter referred to as "Kids Camp." The Consent to Participate is limited to "Kids Camp" and the Release of Liability shall remain in effect without limitation as to time.

In consideration of my child being permitted to participate in "Kids Camp," I assume full responsibility for and hereby release, waive, and discharge Hoffmantown Church, Inc., its agents, sponsors, and all other persons, firms and corporations whomsoever, all jointly referred to hereafter as "The Church," from any and all actions, claims, and demands whatsoever which claimant now has or may hereafter have on account of or arising out of any accident, casualty, loss and/or damage, resulting therefrom, which might happen to Releasers person or property as a result of participating in "Kids Camp."

I realize that "The Church" and any retreat facilities cannot and does not provide perfect supervision as to protect my child from risks inherent in an activity and injuries or damages incurred or suffered as the result of "Kids Camp." My child is sufficiently self-accountable as to be allowed to participate in "Kids Camp" without one on one or more than reasonable supervision by "The Church."

This covenant may be pleaded by Hoffmantown Church, Inc. as a complete defense to any action or preceding that may be brought to us or by our heirs or legal representatives in breach of covenant. Releasers expressly agree that this Release, Consent, Waiver, and Indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of New Mexico.

Medical Authorization

I understand an attempt to contact the parents will be made during any emergency, but if unable to immediately contact the parent or guardian, I further authorize "The Church" to treat, discipline, restrain, and do authorize reasonable and necessary medical care for the above named child, including but not limited to any emergency surgical procedure or hospitalization if the named should become necessary wheresoever my child may be located.

I HAVE CAREFULLY READ THIS RELEASE AND CONSENT FORM, KNOW THE CONTENTS THEREOF, AND SIGN THIS RELEASE OF MY OWN FREE WILL AND ACT.

In witness whereof, it is my express desire that the above named child participate in this "Kids Camp" and we have executed this covenant not to sue Hoffmantown Church, Inc., Approved in all respects as to form and content. Hoffmantown Church produces videos, including sound, and photographs of every event and these media are used in publicity including the website. We have not found a practical way to separate participants who do not want to be included in such publicity and, with regard to children, to avoid the ostracizing effect that such separation necessarily involves. **THEREFORE, YOUR SIGNATURE, AS WELL AS YOUR PARTICIPATION IN THIS CAMP, OR THE PARTICIPATION OF YOUR CHILD, CONSITITUTES YOUR CONSENT FOR THE USE OF MEDIA INCLUDING SOCIAL MEDIA BY HOFFMANTOWN CHURCH THAT MAY INCLUDE YOU OR YOUR CHILD, OR BOTH.**

*Signed _____ Date _____
(parent/guardian)

Children's Camp Payment Record 2019

Child's Name: _____

please indicate each option that pertains to your payment method

Single Installment of \$225

_____ Pay in full Date Registered: _____ Cash _____ Check # _____ Online Pay _____

Installment Plan

_____ Installment Plan *must be paid in full before departure* I am not able to pay in full at this time, but make the following payment commitment:

Parents Night Out Help

_____ I (and/or my spouse) helped with parents' night out for a credit of \$ _____

Financial Assistance

- *Partial Scholarships are given on a first come first serve basis dependent upon availability of funds.*
- *Hoffmantown does not provide full scholarships for camp. Parents are expected to contribute as much as they can.*

Scholarship Request

I am not able to pay the full amount and request a scholarship for \$ _____ for camp fees.

- Please include a letter indicating why your child would like to attend and how your child will benefit from attending camp.

Signature of Parent or Guardian

Note: Our Church Staff will review the scholarship requests and contact you.

Signature of Parent or Guardian _____

OFFICE USE ONLY:

Payment Amount Due: _____ Payment Received Date: _____

Form of Payment: Cash Check # _____ Online Pay in Full Scholarship Amount _____

PNO Credit Amount: _____ Person receiving payment: _____

Payment Plan Installments:

Date: _____ Cash Check # _____ Date: _____ Cash Check # _____

Date: _____ Cash Check # _____ Date: _____ Cash Check # _____

Date: _____ Cash Check # _____ Date: _____ Cash Check # _____

Total Due \$225

Final Date to Register and make payments is June 9, 2019