



2025 Youth Camp Registration Form

Sunday June 29th - Friday July 4th

Check in: Sunday 3:00 pm/Pick up Friday 12:00 pm

Closing ceremony: Friday 11:00 am. Family & friends invited

Camper Name _____

Age _____ Sex _____ Last Grade Completed _____

T-Shirt Size (circle one)

Child: S M L Adult: S M L XL XXL

Parent/Guardian _____

Mailing Address _____

City _____ ST _____ Zip _____

Home Phone _____ Emergency Phone _____

E-mail Address _____

My child has permission to take part in all camp activities, on or off site, unless noted below. I will not hold HMLRC or its staff responsible for accidents, claims, or damages arising therefrom. HMLRC carries secondary accident health insurance. I authorize HMLRC to take action deemed necessary for the care, welfare, and health of my child including consent for medical treatment. I also consent to the use of any photograph or video of my child in future HMLRC publications. I have read the registration, payment, and refund information and have also read the Camper Code Of Conduct and reviewed it with my child and agree to the provisions as stated.

Special Instructions/Restrictions to activities:

Parent/Guardian Signature _____ Date _____

*Camper's Signature _____ Date _____

*By signing, I acknowledge that I have read, understand, and agree to abide by the Camper Code of Conduct.

*Camper scholarships are available for those needing financial assistance.
HMLRC offers aid covering 75% (you can work with your church for sponsorship, too)!
This year, Smyth County residents are eligible for a full scholarship!
See our Web site for appropriate forms hungrymother.org.

*Summer Youth Camp Fee: \$400.00

Registration forms are due by June 1st. Total fees due with registration.
All other completed forms must be received on check-in.
No camper can attend without these forms completed/signed.
No refunds within 30 days of event unless spot is filled.

Sponsoring church/organization information (if applicable):

Name: _____

Organization Contact Person _____

Organization Contact Phone / E-mail _____

OFFICE USE ONLY:

Date received: _____ Confirmation sent: _____ Amount received: _____

SNF _____ SCR _____ STAP _____