



# 2018 Winter Revolution Registration Form

**Online Registration is Available:**

[www.sciotohills.com/register](http://www.sciotohills.com/register)

**PLEASE NOTE:** Filling out a paper form does not immediately guarantee a reservation for your child. To have an immediate guarantee register online.

- Genesis**  
February 9-11, 2018      6th-12th grade      **\$92**
- 24/7 Revolution**  
February 16-18, 2018      9th grade-college      **\$92**
- Junior Revolution**  
February 23-24, 2017      2nd-6th grade      **\$49**

**Scioto Hills Christian Camp  
& Retreat Center**

1009 Martin Rd  
Wheelersburg, OH 45694

ph: 740.778.CAMP  
fax: 740.778.2170  
web: [www.sciotohills.com](http://www.sciotohills.com)  
email: [grow@sciotohills.com](mailto:grow@sciotohills.com)

**Contact Information:** Please print in blue or black ink only.

Leader

\*All Leaders are 50% off.

Camper's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Circle Sex: Male / Female

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Ph (\_\_\_\_) \_\_\_\_\_

Parent / Guardian Name(s) \_\_\_\_\_ Work Ph (\_\_\_\_) \_\_\_\_\_

Parent's Email (REQUIRED): \_\_\_\_\_

Cell Ph (\_\_\_\_) \_\_\_\_\_

Sponsoring/Attending Church \_\_\_\_\_ Church City/State \_\_\_\_\_

**Required** (If you do not attend a church please put N/A)

Emergency Contact (*not guardian*) & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Medical Information

Special dietary restrictions: \_\_\_\_\_

Major health issues: \_\_\_\_\_

Regular medicines taken: \_\_\_\_\_

More On the Back - Take a look!



## Agreement & Release

I give my permission for afore named camper to take a full and active part in the program at Scioto Hills Christian Camp, Inc.

I understand my child's picture may be used for promotional purposes.

Scioto Hills Christian Camp, Inc. is not responsible for lost or stolen items.

Due to the nature of camp, Scioto Hills cannot accommodate sick campers. I understand that should the afore named camper become sick, I will be responsible for picking him/her up and no refund will be granted.

I understand a nurse is on call in case of an emergency. Leaders of the sponsoring church will be responsible for attending to general health and medication needs as per their church policy and notifying Scioto Hills staff in situations requiring attention of a nurse. In the case of a camper not attending with a sponsoring church, I understand a Scioto Hills staff member will administer medications.

Scioto Hills Christian Camp, Inc reserves the right to dismiss any camper whose conduct is detrimental to the overall good of the camp. In cases of misconduct, no refund will be made. No deduction is allowed for late arrival or early departure. No one shall be denied admission to the camp, or the benefits of our US Department of Agriculture Child Nutrition Program, because of race, color, national origin, sex, handicap, or age.

### **In order to participate in all program activities, I, the undersigned, agree and acknowledge that:**

There is risk of injury, including a potential for permanent disability or death resulting from any participation in program activities and/or from the equipment involved in participation in such activities.

I freely assume all such risks, both known and unknown and assume full responsibility for my family and my participation. I will read and understand the rules of play, including all safety related rules, and agree to fully comply with the rules and safety regulations during my participation.

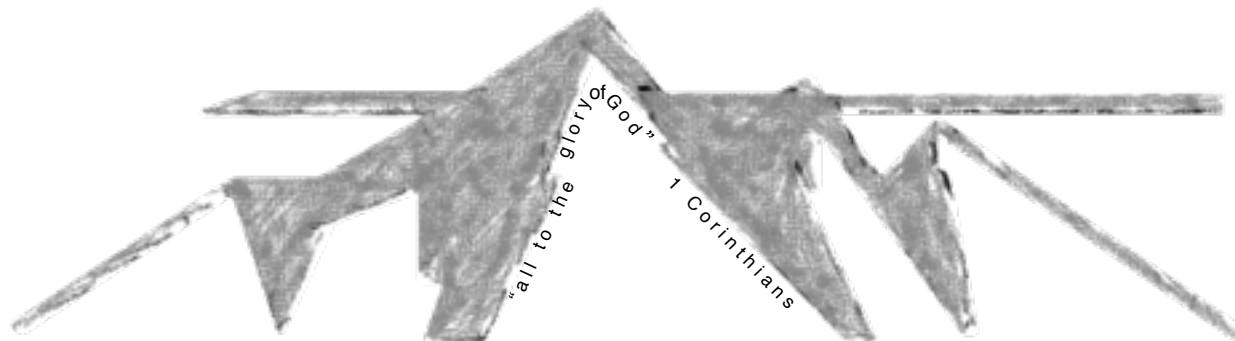
I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless Scioto Hills Camp, their officials, agents and/or employees, from any/and all liability for injury, disability, death, loss or damage to personal property.

I acknowledge, understand and agree that I have read this release of liability and assume all risk associated with participating in program activities and that I sign this release of liability voluntarily and without inducement.

\_\_\_\_\_  
REQUIRED Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please return **completed form** and **\$25** non-refundable deposit for each camper. Mail to address above two weeks prior to retreat.



Have questions?  
Visit [www.sciotohills.com/events](http://www.sciotohills.com/events)  
or call 740-778-3279  
or email [grow@sciotohills.com](mailto:grow@sciotohills.com)