



# SOLID ROCK CAMP

To register, send this form and payment to the address below.  
Make checks payable to **Hinkletown Mennonite School**.  
Registration forms and payment due by **May 15<sup>th</sup>**

## Registration Form

Camper Name \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

Birthday \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Grade Entering in Fall 2018 \_\_\_\_\_

School \_\_\_\_\_

T-Shirt size (circle one)    YS   YM   YL   S   M   L   XL

Request to be in the same small group as a friend:

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

\*We do not guarantee group placement but will make an effort to put campers with their requested friend.

Solid Rock Camp attending (check one)

**June 13-15**    Leadership Camp (grades 9-12), \$30

**June 20-22**    Kids Camp (grades 1-3), \$30

Morning (9:00-12:00)     Afternoon (1:00-4:00)

**July 11-13**    Sports Camp (grades 4-8), \$40

**July 18-20**    Sports Camp (grades 4-8), \$40

## Insurance & Medical Information

It is the responsibility of the camper's parents and/or guardians to ensure that the camper is healthy and has no physical problems that would prevent him/her from participation in the camp and all camp activities being held. Primary insurance coverage rests with the camper and his/her parents or guardians.

Parent/Guardian \_\_\_\_\_

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

Policy# \_\_\_\_\_

Medical Concerns/Injuries \_\_\_\_\_

Allergies \_\_\_\_\_

Emergency Contacts:

1. Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Mail registration and medical information to:

Solid Rock Camp  
c/o Hinkletown Mennonite School  
272 Wanner Rd  
Ephrata, PA 17522