

QUESTIONS ABOUT CAMP

When do I need to register?

*You are encouraged to register ASAP. Our camp structure limits how many children we can accept.

What time do the doors open?

*You will be able to drop your child off as early as 5:45pm.

When do I pick up my child up?

*Pick your child up at 8:30pm in the same location as drop off.
(Adult supervision will not be available after 8:30 pm.)

Where do I drop off/ pick up my child?

*Drop off and pick up at the front of the Sanctuary.

What does my child need to wear?

*Please send your child in comfortable clothing (T-shirt and shorts or jeans) and non slip shoes.

What if my child has a food allergy?

*We will make every effort possible to accommodate your child's disclosed food allergy. However, we might not be able to accommodate all needs and you might be asked to bring a snack for your child if that is the case. Please speak with a camp representative about food allergies when registering.

What about my child's special needs?

*We ask that you speak with our camp director to discuss the special needs of your child and our ability to effectively provide for his/her need. Where possible, we will work with you to find a workable solution. However, because of our limitations, there may be some situations where we will have to regretfully acknowledge our inability to provide this camp experience for your child.

More Questions??

Contact us!!

210-674-5613

info@thehillssa.org



2255 Horal Street - San Antonio, TX 78227
210-674-5613 - www.TheHillssa.org



VBS

Summer Break CAMP

June 24—June 28

6:00pm-8:30pm

Ages 1st through 5th Grade

*Must have COMPLETED 1st grade

COST: FREE

THE HILLS CHURCH

Glorying God through
Transformed Lives



HOW DO I SIGN UP?

BRING OR MAIL REGISTRATION FORM TO:

The Hills Church

2255 Horal Dr.
San Antonio, TX. 78227
(210) 674-5613
www.TheHillsSA.org
Email: info@thehillssa.org

Registration forms may be dropped off at the church office between **9:00 a.m. - 4:30 p.m., Monday, Tuesday, Wednesday, or Friday.**

REGISTRATION INFORMATION:

*Camp is offered for boys and girls who have completed 1st - through 5th grade.

NOTE: Form **MUST** have a parent or guardian signature and an alternate emergency contact listed.

CAMP SCHEDULE:

*Camp is June 24th - June 28th

*Camp Hours are from 6pm – 8:30pm daily.

*VBS Service will be held on Sunday, June 30th in the sanctuary at 10:45am.



THE HILLS CHURCH

Know God • Love Others • Live the Gospel

2024 VBS Summer Break Camp June 24 - June 28

REGISTRATION FORM:

Child's Name: _____

DOB: _____ Age: _____ Grade COMPLETED: _____

Address: _____

City: _____ Zip Code: _____

ALLERGIES: _____

Shirt Size : YS YM YL XL AS AM AL AXL

Parent/Guardian Name: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Email: _____

**Emergency Contact Information (must not be same as above): _____

Name: _____

Primary Phone Number: _____



WAIVER OF RELEASE

I understand that this camp is conducted by The Hills Church and its volunteers and staff, including parents of other participating children. I further understand and agree that my child's participation in athletic and other activities of the camp necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks. In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, The Hills Church, and all of The Hills' directors, officers, trustees, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Program (including without limitation any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the camp, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in camp activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns I hereby authorize The Hills Church to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of The Hills Church for the sole purpose of advancing The Hills Church programs. Participation in an activity at the Hills Church Outreach Center gives consent to be photographed, filmed, and/or otherwise recorded.

MEDICAL CONDITIONS I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities. I understand that The Hills Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If The Hills Church determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in Program activities, The Hills Church may determine that my child cannot be permitted to participate. I understand and agree that, while The Hills Church desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

CONSENT TO MEDICAL TREATMENT In the event my child is injured or becomes ill in camp activities, and if I, the parent or guardian of the below-named child, am not present to make medical decisions, I hereby authorize The Hills Church, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to medical treatment

Parents, we need your signature!

Date: _____

Parent / Guardian Signature _____