

Barren Heights Retreat Application

Date for which you are applying	Today's Date	
Primary Contact	Primary Phone-	Mobile Phone -
Street Address		
City	State	ZIP
Email	Emergency Contact Name	
<i>NAMES WILL BE PRINTED ON CAMP ROSTER AS LISTED</i>		Emergency Phone

Family Members Attending	Date of Birth	Disability if Applicable
Husband/Father's Name		
Wife/Mother's Name		
Child 1	Male Female	
Child 2	Male Female	
Child 3	Male Female	
Child 4	Male Female	
Child 5	Male Female	

Referral Information
How did you learn about Barren Heights
Describe any prior camp experiences
Describe your most recent vacation experiences
Have you attended a Barren Heights Retreat previously? If so, when?

Our policy is to welcome previous visitors only when there are last minute cancellations or a cabin is vacant 15 days prior to a scheduled retreat.

Family Medical Information - please complete for each family member, attach additional sheets if needed
Drug allergies
Current medications
Food restrictions, allergies or special requirements
Medical conditions, considerations, and/or limitations
How does your child's (children's) disability impact your family on a day-to-day basis

Insurance Information	
This information will be used for special test, X-rays or any other medical consultations.	
Who is your Insurance Provider?	
Name of Insurance Company _____	Medicaid # _____
Address _____	Business Phone # _____
(City) _____ (State) _____ (ZIP) _____	Policy # _____
For group insurance, please give company name: _____	
Name of Parent/Guardian who insures camper: _____	

PLEASE ATTACH A COPY OF INSURANCE CARD IF APPLICABLE

Barren Height5s Christian Retreat Center, Inc.
 3109 Brownsboro Vista Drive
 Louisville, KY 40242
 Phone (502) 327-9495

