

Bethlehem Camp Student Ministries

2017 Summer Camp Registration Form

Registration Deadline: **June 1st, 2017**

Intermediate (Grades 4 th – 6 th)	Middle School (Grades 7 th – 8 th)	High School (Grades 9 th – College Freshmen)	Young Adult (College Sophomore & up)
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(Circle the program according to the grade you will enter in the fall.)

Last Name: _____ First Name: _____ Sex: M or F

Date of Birth: _____ Age: _____ Grade: _____ Contact Phone #: (____) ____ - ____

Address: _____ City: _____ State: ____ Zip: _____

Church Name & Pastor: _____

Please list the name of the person who will drop off this camper: _____

Please list the name of the person picking up this camper: _____

****Due to increased security measures, those picking up campers must be listed above & show ID****

___ I plan to attend for the entire encampment. (Friday, June 23rd – Friday, June 30th) The cost is \$225.00 if mailed/postmarked by June 1st. **The cost for all forms postmarked after June 1st is \$250.00.** If there are more than two children attending from the same family, please contact Cindy Dunaway at 334-447-4031 for rates. **Please do not overnight any forms past Friday, June 16th.**

****For large groups or groups coming with adults – all youth money needs to be sent to the address on this form. Please do not send youth money in with adult registration money.**

___ I plan to attend only for the following days. List the dates: _____

The cost is \$40.00 per day + \$10.00 for a t-shirt.

(I understand that in the event that the program is full, priority will be given to full time campers.)

T-shirt for all paid campers:

T-shirt Size: CHILD/YOUTH: M L XL

ADULT: S M L XL XXL

(Whatever size you choose will be the size of the shirt you receive. Please select carefully.**)**

Parental Permission / Consent and Medical Release Form
(Note: This form must be notarized.)

In case of emergency:

Parent or Legal Guardian Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: h: (____) _____ w: (____) _____ c: (____) _____

E-mail address: _____

We, the undersigned, are the parents, having legal custody, or the legal guardians of _____, a minor, and have given our consent for he/she to participate at Bethlehem Family Camp on the dates of June 23 – 30, 2017. If he/she is injured during this time and requires the attention of a doctor, we consent to any reasonable medical treatment deemed necessary by a licensed physician. In the event treatment is called for which the physician and/or hospital personnel refuses to administer without our consent, we hereby authorize any of the adult chaperons to give such consent for us if we cannot be reached by telephone at one of the numbers indicated on this form or if because an emergency there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed nurse and/or physician.

Please describe any/all allergies, health problems, or any other conditions that our camp nurse or a physician might need to know:

My child has permission to take the following medications (include any over-the-counter drugs also.)

As parent or legal guardian of _____ (child's name), I give my permission for him/her to participate in all activities scheduled, sponsored, and conducted by the Bethlehem Family Camp Youth leaders, except the following activity _____.

I understand that if my child becomes seriously ill or is seriously injured, Bethlehem Camp leaders will use their best judgment in caring for him/her and notify the contact listed above as soon as possible.

I give permission to Bethlehem Camp to use my child's image for promotional materials.

Please circle one: YES NO

Parent/Guardian Signature: _____ Date: _____

Notary Signature: _____ (Include Notary Seal or Stamp)

Camper's Covenant

I, as a participant in Bethlehem Camp, will cooperate in every way with the leaders of this camp. I will involve myself in the camp activities offered. I will not bring or use tobacco, alcohol or drugs, except for those prescribed drugs listed in my name, which I will trust to the nurse in charge, specifically for prescribed medical purposes. I will be responsible to the adult leadership of the camp for the duration of the camp. I agree to wear my armband at all times. I will remember that this is a Christian camp and I will dress modestly. I will behave as a Christian person, the final interpretation of which is reserved for camp leaders. I understand that any electronics I bring (including iPods, cell phones, etc.) will be taken up and returned at the completion of camp.

Camper Signature: _____

Parent Signature: _____

**ENCLOSE IN MAILING:

1. Notarized/Completed Registration Form
2. Check made payable to Bethlehem Camp
3. Photocopy of your medical insurance card
4. Paintball release form (follow link on website) signed by parent & camper – yes, every camper that plays MUST have one
5. Mail forms & money on or before June 1st to avoid late fee
6. Remember NO overnight mailings past June 16th