

# Bethlehem Camp Student Ministries

## 2009 Summer Camp Registration Form

Registration Deadline: **June 5, 2009**

Intermediate	Middle School	High School	College/Young Adult
(Grades 4 <sup>th</sup> – 6 <sup>th</sup> )	(Grades 7 <sup>th</sup> – 8 <sup>th</sup> )	(Grades 9 <sup>th</sup> – 12 <sup>th</sup> )	(Freshmen and up)

(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: \_\_\_\_\_ 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 19<sup>th</sup> – Friday, June 26<sup>th</sup>)

The cost is \$170.00 if mailed by June 5<sup>th</sup>. The cost for all forms postmarked after June 5<sup>th</sup> is \$200.00.

\_\_\_\_ I plan to attend only for the following days. List: \_\_\_\_\_

The cost is \$45.00 per day + T-Shirt.

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

T-Shirt Size: CHILD M L XL

ADULT S M L XL XXL

### 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: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

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 19 – 26, 2009. 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 below 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 physician.

Please describe any allergies, medication, or other conditions that 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 \_\_\_\_\_.

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 purposes such as brochures, newsletters, website, scrapbook, DVD video collage, etc.

Please circle one:    YES                    NO

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ (Notary Seal)

### 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 prescribed drugs (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. Mail before June 9<sup>th</sup> to avoid late fee.

MAIL TO: Bethlehem Camp Registration  
Colleen Williams  
425 East 19<sup>th</sup> Street #505  
Panama City, FL 32405