

Bethany Bible Camp Registration Form 2022

Junior Camp \$140 (June 21-25) ____ Senior Camp \$160 (June 25-30) ____

Name (First, Middle Initial, Last) _____

Address: _____ Phone:(____) _____

Home Church: _____ **Circle** T-Shirt size: **Youth: S M L Adult: S M L XL XXL**

If your church is providing scholarship funds, please list the amount: _____

Birth Date: _____ Age: _____ Grade Completed: _____ Male or Female: _____

Name of one roommate request/Cabin request: _____

Parent/Guardians First and Last names: _____

Parental Contract: I give the camp full authority in dealing with health and discipline problems. Furthermore, should it be necessary for the camper to return home, we (I) assume all transportation cost. I understand that photos of campers may be published on the camp website or camp literature.

Parent/Guardian Signature: _____

Camper Contract: I have read and understand Bethany Bible Camp Regulations. I agree to do my part to follow them. I further understand that anyone disregarding camp regulations may be sent home at his/her expense.

Camper Signature: _____

Please make checks payable to Bethany Bible Camp. Mail registration/medical form & fee to:

Bethany Bible Camp, PO Box 562, Bemidji, MN 56619

Registrar Phone: (218) 444-2374 Camp Phone: (218) 751-6094

Bethany Bible Camp Medical Certificate and Release Form

**Please mail this whole page by June 1st **

I, _____ (Parent/Guardian) of _____ (Child's name), who resides at _____ (address), city of _____, state of _____, born _____, herein authorize the adult staff of Bethany Bible Camp to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis when need for such treatment is immediate, and when efforts to contact me are unsuccessful. I Certify that my child is free from communicable diseases, including COVID-19.

Signed: _____

Phone #'s for parents/guardians: _____

Emergency contact (other than above): _____ Phone: _____

Health Insurance Company/Policy #: _____

Family Physician/Address/Phone: _____

Health History - Circle any medical/food allergies, chronic conditions, or medical problems that apply:

Diabetes, Sleep Walking, Poison Ivy, Epilepsy, Ear/Throat Infections, Hay Fever, Heart Problems, Insect Stings, Asthma, Allergies (Food, Drug or other): _____

Other Condition: _____

Last Tetanus: _____ Activity Limitations: _____ Date of last physical: _____

Medications the camper is currently taking: _____

NOTE: Please leave any medications and instructions with camp nurse at registration time. (Including OTC)

Are Mumps, Measles, Rubella, Polio, Diphtheria, and Pertussis immunizations current? _____

**State Law requires that all campers be free from communicable disease, including COVID-19 and have current immunizations.*