

## Bethany Bible Camp Registration Form 2023

Junior Camp \$140 (June 20-24) \_\_\_ Senior Camp \$160 (June 24-29) \_\_\_

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 costs. 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

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?* \_\_\_\_\_