

Bethany Bible Camp Registration Form 2026

Elementary Camp \$205 (June 12-16) _____ Junior Camp \$205 (June 16-20) _____ Senior Camp \$225 (June 20-25) _____

Name: (First, Middle Initial, Last): _____

Address: _____ Phone: _____ or _____

Home Church: _____ T-shirt Size: Youth S M L Adult S M L XL XXL (circle one)

If your church is providing scholarship funds, please list the amount \$____ and attach certificate from church.

Birthdate: _____ Age: _____ Grade Completed: _____ Male or Female _____

Name of roommate request/Cabin request: _____

Parent/Guardian: First and Last Name/s: _____

Parental Contract: I give the camp full authority in dealing with health or 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.

Dated: _____ 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.

Dated: _____ Camper Signature: _____

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

Bethany Bible Camp, P.O. Box 562, Bemidji, MN 56619-0562

Registrar Phone (call or text): 218-407-0647 Camp phone: 218-751-6094

NOTE: Please make sure to pick up your child/ren on time at the end of camp as staff shift to the next camp of child/ren being received. Please name person picking up your child: _____

Bethany Bible Camp Medical Certificate and Release Form

*Please mail this whole page 30 days prior to camp start date listed above.

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 needed for such treatment is immediate, and when efforts to
contact parent/guardian is unsuccessful. I certify that my child is free from communicable diseases.

Signed: _____

Phone # for parent/guardian: _____ or _____

Emergency contact (other than above): _____

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 conditions: _____

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

Medications the camper is currently taking: _____

Note: Please leave any medicals and instructions with the camp nurse at registration time (including over the counter). Are mumps, measles, rubella, polio, diphtheria, and pertussis immunizations current? Yes _____ No _____

*State Law requires that all campers be free from communicable disease and have current immunization coverage.