

Camp Bethany Registration Form

Camper Name _____ Male Female Age _____ Grade Completed _____
Street Address _____ Birthday _____
City/State/Zip: _____ Home Church _____
Home Phone: _____ Alternate Phone: _____
Camper Email Address: _____
Parents Email Address: _____

★ **Bringing First Time Friends (List names):** _____

* **One** 1st time friend qualifies you for a free camp souvenir. **Two** 1st time friends qualifies you for a half price discount. Not valid for Mini-Camp.

Which week of camp with you be attending?

Mini Camp ➔ Number of parents attending? _____ (\$35 per parent) **\$100 (Early Registration) / \$125 after May 15th**
 Senior High Elementary Camp Middler Camp Junior High **\$250 (Early Registration) / \$275 after May 15th**

Emergency Medical Information

Parent/Guardian _____ Emergency Contact _____
Emergency Phone _____ Alternate Emergency Number _____

Health History

Date of last tetanus: _____ Are immunizations current? ___ yes ___ no

I permit my child to be given the following if needed:

Ibuprofen Acetaminophen Naproxen Benadryl Antacids

Check the following which apply:

Diabetes Ear Aches Seizure Fainting Asthma
 Allergies Sleep Walking Upset Stomach Hay Fever Bed Wetting

Special Medication:

All medication must be given to the camp nurse upon arrival. **All medications must be in the original, labeled container** with the medication name, dosage, and directions clearly indicated on the container. Please use this space to list any health related issues including **allergies, food allergies, relevant surgeries, or other serious illnesses along with any special treatments or concerns. Please be specific.**

I hereby give permissions for emergency medical treatment, including hospitalization, injections, anesthesia, or surgery to the camper named above if such is deemed necessary while attending Camp Bethany. I understand that the camper named above is to meet acceptable standards of conduct and promise to act responsibly at all times. I understand that failure to follow the camp rules may result in dismissal from the camp. I understand that during the course of the week, the camping program may travel to a location off camp grounds for a supervised event. I understand that in the case of emergency, every effort will be made to contact me. I also understand and give my permission for the camper named above to be photographed and/or videotaped for camp promotional purposes.

Return this completed registration along with payment to your Church's camp coordinator, or mail directly to:

**Ken Van Duyne
1760 W. Woodhill Dr.
Ashland, OH 44805**

Parent/Legal Guardian

Date