

Camp Bethany – Winter Camp 2012

Camper Name _____ M ____ F ____ Age _____ Grade in School _____
Street Address _____ Birthday _____
City/State/Zip: _____ Home Church _____
Home Phone: _____ Alternate Phone: _____
Camper Email: _____

Fees and Payment

Winter Camp: \$50

All checks made payable to Camp Bethany should be included with this registration form or brought with the child at the time of registration.

Camp Bethany Conduct Agreement

I understand that I am to meet Camp Bethany's standards of conduct and promise to act responsibly at all times. I understand that if I fail to follow the camp rules, dismissal from the camp may be necessary. I also understand that during the course of the week, the camping program may travel to a location off camp grounds for a supervised event. The signatures below certify agreement to the above.

Camper's Signature **Date**

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 ____ yes ____ no Acetaminophen ____ yes ____ no Benadryl ____ yes ____ no
Antacids ____ yes ____ no Neosporin ____ yes ____ no

Check the following which apply:

____ diabetes ____ kidney trouble ____ ear aches ____ frequent colds ____ seizure
____ constipation ____ fainting ____ asthma ____ sleep walking ____ heart trouble
____ bronchitis ____ athlete's foot ____ upset stomach ____ malignancy/tumor ____ bowel problems
____ frequent sore throats ____ 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, relevant surgeries, and/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 in the case of emergency, every effort will be made to contact me.

Parent/Legal Guardian

Date

**Return this completed registration along with
payment of \$50 made payable to Camp Bethany to:**

**Maggie McLinden
625 Edwards St.
Louisville, OH 44641
567.203.7690
mmclinde@ashland.edu**