

2017 Camp Schedule



- Junior 1 A (grades 4-6) June 5 - 9 \$70
- Junior 2 A (grades 6-8) June 12 - 17 \$80
- High School A (grades 9-12) June 19 - 24 \$80
- Special Needs (all ages) June 26 - 30 Donation
- Day Camp (grades 1-3) July 3 - 7 \$45
- Junior 1 B (grades 4-6) July 10 - 14 \$70
- Junior 2 B (grades 6-8) July 17 - 22 \$80
- High School B (grades 9-12) July 24 - 29 \$80

*Grades listed refer to the grade completed by camp time 2017

The camp fees listed cover only 1/4 of actual camp costs. Generous donors and churches help to cover the rest. Any donation you make above and beyond the camper fees will be greatly appreciated. Thank you!

BETHEL CAMP 2017 REGISTRATION FORM

First Name _____ Last Name _____

Circle One **Male / Female** Grade (completed '16) _____ Birth date ____/____/____

Age _____ Is this your first time at Bethel Camp? **Yes / No**

Mailing Address _____

City _____ State _____ Zip _____

Camper's e-mail and/or cellphone (to put on camp address list) _____

Church Name _____ Pastor _____

Parent/Guardian Information: (If different from camper)

Mother

Father

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone #1 (____) _____ Cell/Home/Work Phone #1 (____) _____ Cell/Home/Work

Phone #2 (____) _____ Cell/Home/Work Phone #2 (____) _____ Cell/Home/Work

Phone #3 (____) _____ Cell/Home/Work Phone #3 (____) _____ Cell/Home/Work

E-mail _____ E-mail _____

Emergency Contact (different from above) _____ Relationship to camper _____

Phone #1 (____) _____ Cell/Home/Work Phone #2 (____) _____ Cell/Home/Work

***Please indicate the week of camp you wish to attend by checking the corresponding box in the schedule above.**

Do you have a friend you wish to share a cabin with? _____

Please note: We do not guarantee that you will be able to stay with your friends. Campers are primarily placed in cabins according to age.

PAYMENT MAY BE MADE IN ADVANCE, OR YOU MAY PAY AT REGISTRATION

Return camp form and make checks payable to:

Bethel Camp

2773 Bethel Church Rd.

Clayhole, KY 41317

Phone: (606) 666-4911

e-mail: grow@bethelcamp.org

Fax: (606) 666-4911 (call first)

Office Use Only

Entered _____

Paid _____

Letter _____

Date received _____

*Parents, you can pay your child's snack shop, t-shirt, hoodie and DVD money ahead of time.

Just add the extra to your check and circle the items you wish to designate the money for.

Registration \$ ____ T-Shirt \$10 Hoodie \$25 DVD \$10 Water bottle \$5 Snack Shop \$ ____ Donation \$ ____

I also want to buy a chair for the new camp dining hall. \$20/chair

Total \$ ____

WE ARE LIMITED IN SPACE!! PLEASE REGISTER EARLY!!

Health History Form

Camper's Name _____

Physician's Name _____ Business Phone (_____) _____

Medical Insurance Carrier _____

Policy/ Group # _____

Check and/or indicate dates of all that apply below

Conditions

- ___ Asthma
- ___ Frequent ear infections
- ___ Heart defects/disease
- ___ Convulsions/Epilepsy
- ___ Bleeding/Clot disorders
- ___ Hypertension
- ___ Diabetes

Allergies

- ___ Food
- ___ Animals
- ___ Hay fever
- ___ Insect Stings
- ___ Medicine/Drugs
- ___ Plants
- ___ Other

Childhood Illness

- ___ Chicken Pox
- ___ Measles
- ___ German Measles
- ___ Mumps

Please explain any conditions or allergies: _____

List, with date, any major illnesses or injuries within the past year: _____

Is camper currently under a physician's care for a medical problem? _____

List, with date, any surgeries/operations: _____

Please explain any dietary modifications/restrictions that the camper may have? _____

State any restrictions on physical activity and list/explain any other problems we should know about: _____

Are vaccinations up to date? _____ Date of last tetanus booster: _____

List any medications/vitamins the camper must use while at Bethel Camp: (All medications must be sent in the original container with original label.) _____

Please note: Please send allergy/asthma medication even if only prescribed "as needed".

Describe camper's swimming ability: _____

Authorization for Medical Care : I hereby certify that the above information is correct and give permission for the release of these medical records in the event of injury or illness. I give permission to the Bethel Camp staff to administer medication as listed above, to perform treatment for minor injuries/illnesses and to administer non-prescription medication for minor injuries/illnesses. I also give permission for the Bethel Camp staff to transport my child to and from a doctor/hospital for medical treatment. Furthermore, I give permission for the Bethel Camp director or his designate to allow hospital personnel and/or a licensed physician to perform emergency treatment and inject/administer drugs in conjunction with such emergency treatment. My signature also indicates consent for the use of my child's picture in Bethel Camp publications/advertisements.

Parent/Guardian Signature _____ Date _____

As a camper I agree to: Respect camp property and staff, stay within the main grounds area, be on time for activities, refrain from using profanity (swearing, foul language, etc.), engage in wholesome social relationships - relationships with the opposite sex will be kept in group context. I will leave electronic devices such as cell phones (Android, iPhone, Windows, etc.) handheld gaming devices and the like at my house—or relinquish aforementioned or similar devices to Bethel Camp staff members on the first day of camp. I will also leave all drugs, alcohol, tobacco, etc at my house. I promise to dress modestly for all camp activities and will change my clothes if addressed by the director should they be deemed immodest. - Remember that the type of clothes worn at camp is a testimony to others and should not distract.

Camper's Signature _____ Date _____