

## 2018 Camp Schedule

- |                          |               |               |                |          |
|--------------------------|---------------|---------------|----------------|----------|
| <input type="checkbox"/> | Special Needs | (all ages)    | June 4-8       | Donation |
| <input type="checkbox"/> | Junior 2 A    | (grades 6-8)  | June 11-16     | \$80     |
| <input type="checkbox"/> | Junior 1 A    | (grades 4-6)  | June 18-22     | \$70     |
| <input type="checkbox"/> | High School A | (grades 9-12) | June 25-30     | \$80     |
| <input type="checkbox"/> | Day Camp      | (grades 1-3)  | July 9-13      | \$45     |
| <input type="checkbox"/> | Junior 1 B    | (grades 4-6)  | July 16-20     | \$70     |
| <input type="checkbox"/> | Junior 2 B    | (grades 6-8)  | July 23-28     | \$80     |
| <input type="checkbox"/> | High School B | (grades 9-12) | July 30-Aug. 4 | \$80     |

\*Grades listed refer to the grade completed by camp time 2018



# BETHEL CAMP

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 2018 REGISTRATION FORM

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Circle One **Male / Female** Grade (completed '18) \_\_\_\_\_ 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](mailto: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 \$ \_\_\_\_

T-shirt/Hoodie size (Youth S, Youth M, Youth L, S, M, L, XL, 2XL, 3XL )

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 \_\_\_\_\_