

Camp Bethany Registration Form

Name: _____
 Address: _____ Email Address: _____
 City, State & Zip: _____
 Home Phone: _____ Parent's Work Phone: _____ Cell Phone: _____
 Birth Date: _____ Age: _____ School Grade Completed: _____
 Circle Gender: Male Female Circle Qualification: Student Adult Leader Youth Pastor
 Shirt Size: _____ Church Member? Y N Church Name _____

Camps: (check one)	Grades	Cost	Dates	Register By:	Registration Fee
<input type="checkbox"/> Kidz Mission Camp	3-6	\$ 120.00	June 23-26	May 23	\$25
<input type="checkbox"/> Preteen Camp I	4-6	\$ 140.00	June 30-July 4	June 1	\$25
<input type="checkbox"/> Preteen Camp II	4-6	\$ 140.00	July 7-11	June 1	\$25
<input type="checkbox"/> Camp Fuego I	6-12	\$ 150.00	July 14-18	June 15	\$45
<input type="checkbox"/> Camp Fuego II	6-12	\$ 150.00	July 21-25	June 15	\$45

Permission for Treatment and Photo/Video Notice

In the event that _____ becomes ill or sustains an injury while participating in or traveling to or from an authorized and chaperoned youth event at Camp Bethany in Bethany, Louisiana, I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and/or administer first aid. I also consent to X-Ray examinations, Anesthetic, Medical, Dental, or Surgical diagnosis and treatment, including invasive procedures and hospital care as well as the administration of drugs or medicine to be rendered to my son, daughter or child under my legal watch care, under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon. I understand that this consent will apply to all emergency situations present and future and will remain in effect until written revocation is received by certified United States Mail. I also agree that Camp Bethany, the Northwest Louisiana Baptist Association, its staff and/or volunteers will not be held responsible for any physical or emotional injuries received while participating in events and travel associated with Camp Bethany and the Northwest Louisiana Baptist Association. I assume all responsibility for any medical and emergency expenses associated with any accident, injury, or other incapacity, regardless of whether I have authorized such expenses.

Also, I understand that as a participant, my child may be photographed or video taped during normal activities and these photos/videos may be used in promotional materials.

Signature of Participant _____ Date _____
 Signature of Parent or Guardian _____ Date _____

Insurance Information

Insurance Name _____ Insurance Policy Number _____
 Coverage Verification Number _____ Subscriber Name _____
 Place of Employment: _____ Work Phone: _____

Medical Information

Generally my health is (check one) __ excellent __ good __ fair __ poor

If fair or poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated _____

List any previous operations or serious illnesses: _____

List any medications you are currently taking: _____

NOTE: All medications must be in the original prescription bottle with the name of the camper on it and the dosage instructions. Otherwise, we are not allowed to dispense medication.

List any Special Diet: _____

Date of Last Tetanus Immunization: _____

Family Doctor _____ Phone Number _____

Registration: The registration fee is \$25.00 per camper. Balance is due on arrival at camp. All counselors pay regular price. Make checks payable to Camp Bethany. Refunds will be made up to one week before camp. Church leaders should collect registration forms and fees and sent to Camp Bethany PO Box 250 Bethany, LA 71007

For Camp use only
 Reg. Fee \$ _____ date _____
 Balance \$ _____ date _____
 Total \$ _____