

Camp Bethany Registration Form 2009

Camper Name _____ M ___ F ___ Age ___ Grade Completed _____
Street Address _____ Birthday _____
City/State/Zip: _____ Home Church _____
Home Phone: _____ Alternate Phone: _____
(optional) Email Address: _____

Which week of camp with you be attending?

___ Mini Camp (parent attending? ___ yes ___ no ...\$20 per parent) \$95 (Early Registration) / \$110 after May 15th
___ Senior High ___ Elementary Camp ___ Middler Camp ___ Junior High \$200 (Early Registration) / \$220 after May 15th

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, 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 in the case of emergency, every effort will be made to contact me.

Parent/Legal Guardian **Date**

**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**

**After June 1, please bring this registration form and
payment with you to camp.**