

# Camp Bethany Registration Form

Camper Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_ Grade Completed \_\_\_\_\_  
Street Address \_\_\_\_\_ Birthday \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Home Church \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Camper Email Address: \_\_\_\_\_  
Parents Email Address: \_\_\_\_\_

★ **Bringing First Time Friends (List names):** \_\_\_\_\_

\* **One** 1st time friend qualifies you for a free camp souvenir. **Two** 1st time friends qualifies you for a half price discount. Not valid for Mini-Camp.

**Which week of camp with you be attending?**  
 Mini Camp ➔ Number of parents attending? \_\_\_\_\_ (\$35 per parent) ..... **\$100 (Early Registration) / \$125 after May 15<sup>th</sup>**  
 Senior High  Elementary Camp  Middler Camp  Junior High .... **\$250 (Early Registration) / \$275 after May 15<sup>th</sup>**

**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  Acetaminophen  Naproxen  Benadryl  Antacids

**Check the following which apply:**

Diabetes  Ear Aches  Seizure  Fainting  Asthma  
 Allergies  Sleep Walking  Upset Stomach  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 the camper named above is to meet acceptable standards of conduct and promise to act responsibly at all times. I understand that failure to follow the camp rules may result in dismissal from the camp. I understand that during the course of the week, the camping program may travel to a location off camp grounds for a supervised event. I understand that in the case of emergency, every effort will be made to contact me. I also understand and give my permission for the camper named above to be photographed and/or videotaped for camp promotional purposes.

**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**

\_\_\_\_\_  
**Parent/Legal Guardian** **Date**