

BETHELWOODS CAMP-IN-A-VAN CAMPER REGISTRATION FORM

1. Camper's name _____
Grade Completed _____ Date of Birth _____
Please Circle: Male or Female

Note: Please use one registration form per camper unless campers are siblings and live at the same address.

2. Camper's name _____
Grade Completed _____ Date of Birth _____
Please Circle: Male or Female

3. Camper's name _____
Grade Completed _____ Date of Birth _____
Please Circle: Male or Female

Address _____

Parent/Guardian name(s) _____ Phone: HOME _____

WORK _____ CELL _____

Alternate Emergency Phone _____ Name _____

Relationship to camper _____ Phone: HOME _____ WORK _____

CELL _____

Allergies or other medical concerns the staff should be aware of:

Do you carry family medical/hospital insurance? Yes No

Health Insurance Company _____ Policy Number _____

Family physician _____ Phone _____

Parent/Guardian Authorization: In signing this form, I give permission for the use of photography including my son/daughter in camp publicity; and for the release of medical records in case of injury or illness. I understand that in the case of emergency, every effort will be made to contact me. If I cannot be reached at the numbers supplied, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named herein.

Parent/Guardian Signature _____ Date _____