REGISTRATION FORM

NAME:_____ Male _____ Female _____
Address:_____
Birth date:_____ Grade in September:_____
Phone ( )_____ ( )_____
(Home) Parent's work/cell (circle which one)

T-shirt size: Please circle one: YM YL AS AM AL AXL AXXL
Note: Y = youth A – adult

Total cost: $200.00 first child; $190 for second child; $180 for third, fourth, etc. child.
Please check the appropriate line for amount to pay. 1st child_ 2nd child_____ 3rd or more_____

Registration fee of $25 must accompany this form. Non-refundable after July 12th.
Balance due at camp check-in time.
Deadline for registration is July 12th.

I agree to abide by the camp rules:_____
Camper's signature

The above named person has my permission to attend Berean Bible Church Summer Camp. Berean Bible Church (BBC) and attendees agree to indemnify and hold harmless Greenwood Lake Camp and Retreat Center, its Board of Directors, agents, and employees from all damages, judgments, expenses, attorney's fees and claims arising out of personal injury, death, or property damage sustained in whole or in part by any or all persons whatsoever as a result or arising out of, any act or omission of BBC or attendee of BBC, or caused by or resulting from any activity or program being conducted by BBC, for use of Greenwood Lake Camp and Retreat Center facilities, or cancellation/closure due to natural disaster and/or emergency.

Signature of Parent/Guardian:_____

HEALTH QUESTIONNAIRE FORM FOR BEREAN BIBLE CHURCH CAMP

Name: _____ Parent/Guardian: _____
Address: _____
Phone ( )_____ Work/Cell Phone ( ) _____ DOB: _____ Age:_____
Family Doctor: _____ Phone ( ) _____
Address: _____

Health History: (check, giving approximate dates)

Ear Infections	_____	**Convulsions**	_____	**Allergies**		**Diseases**	
Sleepwalking	_____	**Ivy Poisoning**	_____	Drug	_____	Chicken Pox	_____
Date of last		**Insect Bites**	_____	Environmental	____	Asthma	_____
Tetanus Shot	_____	**Bed Wetting**	_____	Food	_____	Diabetes	_____
				Other	_____		

Please list anything about your child's psychological or emotional health that will pertain to his/her welfare or activity at camp.

_____
_____
_____

(PARENT MUST SIGN AUTHORIZATION FORM BELOW)

(Before signing, please complete Health History above)

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities above, except as noted by me. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director, to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.

Signature of Parent/Guardian:_____
Date: _____

NO MEDICATIONS will be given unless sent by parent/guardian. EACH medication is to be accompanied by a signed Permission Form, which MUST be obtained prior to camp by contacting the church. NOTE: This includes over-the-counter medications such as Tylenol, aspirin, etc.