

CAMP REGISTRATION PACKAGE

Berean Bible Church - 7541 Dublin Rd. Dublin, OH 43017
(614)889-5911 - www.bereanbibleddublin.org

Note: If you registered online, please skip to the Health Questionnaire

CAMPER REGISTRATION	Camper Name: _____				Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
	Address, City, State, Zip: _____					
	Phone: _____	Work/Mobile Phone: _____	DOB: _____	Grade in September: _____		
	T-Shirt Size: YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL <input type="checkbox"/>					
	Total cost: \$225 for first child; \$215 for second child; \$205 for third, fourth, etc. child.					
	Registration fee of \$25 must accompany this form. (Non-refundable after July 11th)					
	Balance due at camp check-in time.					
	Deadline for registration is July 11th, 2011.					
	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. Photos taken during the week may be used by Berean Bible Church for promotional purposes.					
	Parent/Guardian agrees to all conditions above			Camper agrees to abide by all camp rules and guidelines		
Parent/Guradian's Signature: _____			Camper's Signature: _____			

CAMPER CHECKLIST	WHAT TO BRING
	Bible, pen, bedding, pillow, towels, toiletries, rain gear, clothing (see below), flashlight, money for store and offering, medication permission form, medications and registration balance. Optional: Camera, musical instruments, fishing pole and ball glove.
	CLOTHING
	It is our desire to make the clothing requirements for camp as simple as possible and still follow the Biblical admonition for "modest apparel". To that end, we have adopted the following guidelines. Ladies/Girls: Loose fitting pants or loose fitting shorts or coulottes that come near the knee are suitable for daytime wear. No low-rise pants, short or tight fitting tops please. One piece swimsuits and dark T-shirts are to be worn swimming. Men/Boys: Loose fitting pants or loose fitting shorts that come near the knee are suitable for daytime wear. No low-rise pants or cut-off shirts please. Shorts-type swimsuits and T-shirts are to be worn swimming. Chapel Clothing: For the Sunday services and for those participating in the chapel services, boys should wear nice pants and collared shirts, and girls should wear knee length dresses or skirts. No shorts are allowed for any chapel services.
	DO NOT BRING
	Tobacco, alcoholic beverages, drugs, iPods, mp3 players, hand-held video games, firecrackers, knives, ice chests, snack foods, books or magazines that would be dishonoring to the Lord, tank tops, halter tops, or printed T-shirts in bad taste. Any cell phones will be kept by the camp staff and used only with permission for emergencies.
	QUESTIONS
Please: If you have any questions about what to bring or not to bring, contact the church office at (614)889-5911 or by email at mail@bereanbibleddublin.org . Since there are no laundry facilities at camp, be sure to bring enough clean clothes for the entire week.	

CAMP REGISTRATION PACKAGE

Berean Bible Church - 7541 Dublin Rd. Dublin, OH 43017
 (614)889-5911 - www.bereanbible.dublin.org

INSTRUCTIONS

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

(This form must be turned into Camp Nurse with all medication at time of Registration) This will serve as an official request for designated camp personnel to dispense medication to my child during his/her time at camp.

Camper Name:

DOB:

Age:

Parent/Guardian's Signature:

Date:

NON-PRESCRIPTION MEDICATION (Bring in Original Container)

Name of Medication:

Dosage:

Specific Instructions and Time for Administration:

Date to be started:

Discontinue after:

PRESCRIPTION MEDICATION (Bring in Original Prescription Container)

Physician's Name:

Phone:

Physician's Direction (This must be completed by your physician)

Prescription and Instructions:

Please observe the following:

Pertinent information that will help us better serve your patient:

Date to be started:

Discontinue after:

Physician's Signature

Date:

MEDICATION PERMISSION

