

BETHANY YOUTH CAMP • REGISTRATION FORM

**** \$50 must accompany this form ** • ALL YOUTH CAMPS \$225**

NEW FOR 2009! REGISTER ONLINE WWW.BETHANYCAMP.ORG

Last Name	First Name	MI	
Address	City	ST	Zip Code
Sex	Birthdate	Grade Entering	Phone
Full name of father		Full name of mother	
Parent's E-mail	County	Pastor	
Referred by		Cabin Mate request	
Church		City of Church	

- Please check the week you plan to attend:**
- | | |
|---|--|
| <input type="checkbox"/> Junior High 1 (Grades 6-9)..... July 13-18 | <input type="checkbox"/> Senior High (Grades 9-12) ... June 29-July 4 |
| <input type="checkbox"/> Junior High 2 (Grades 6-9)..... July 20-25 | <input type="checkbox"/> Discoverers 1 (Grades 3-5)..... July 13-18 |
| <input type="checkbox"/> Junior High 3 (Grades 6-9).... July 27-Aug 1 | <input type="checkbox"/> Discoverers 2 (Grades 3-5)..... July 20-25 |
| | <input type="checkbox"/> Discoverers 3 (Grades 3-5)..... July 27-Aug 1 |

*Pictures taken by Bethany Camp may be used for promotion.

Health Form

Current special problems or conditions: _____

Allergies: Bee sting _____ Aspirin _____ Penicillin _____ Sulfa _____

Other: _____ Explain _____

Bedwetter: _____ Yes _____ No _____

Medications child will be on while at camp: _____

Medication must be left with the Health Director. Any instructions are to be given at that time.

Immunization Record (This MUST Be Completed)

Initial Dose:	MMR _____	DTP _____	OPV _____	Tetanus _____
Last Booster:	MMR _____	DTP _____	OPV _____	Tetanus _____

Family Doctor: _____ **Phone:** _____

Insurance Company _____ **Policy Number:** _____

Does your insurance require notification of provider? YES _____ NO _____

Under which parent's name is the insurance? _____

In case of a medical emergency, I give consent for medical treatment which may include injection, anesthesia or surgery.

Signature of parent or guardian _____

Office Use Only

Date Received _____	Total _____	Balance _____	Received _____
Discount _____	Additional Fee _____	Confirmation _____	