

BETHANY CAMP 2026 SUMMER CAMP REGISTRATION FORM

STEP 1 CAMPER NAME First _____ Last _____ MI _____ Male Female

STEP 2 CHOOSE AN AGE GROUP

_____ Discoverer
(Entering 3rd-6th Grade)
_____ Transformer
(Entering 6th-9th Grade)



STEP 3 CHOOSE A WEEK

_____ High School Camp: June 28 - July 3 (\$415)
_____ Youth Camp 1: July 5 - July 10 (\$415)
_____ Youth Camp 2: July 12 - July 17 (\$415)
_____ Youth Camp 3: July 19 - July 24 (\$415)

STEP 4 CAMPER'S INFORMATION DOB ____/____/____. Grade Entering Fall of 2026 ____ Birth Gender: Male or Female

Address _____ City _____ State _____ Zip _____

Home Phone ____/____/____ Email _____

Parent 1(or Legal Guardian) _____ Relationship _____

Phone ____/____/____ Email _____

Parent 2(or Legal Guardian) _____ Relationship _____

Phone ____/____/____ Email _____

Emergency Contact _____ Relationship _____ Phone ____/____/____

Who has permission to pick up your camper (circle all that apply): Parent 1 Parent 2 Emergency Contact

Preferred contact method: Phone/Letter/E-mail T-shirt Size: Youth S-L or Adult S-2X (Specify Youth or Adult) _____

Church you attend _____ City _____ Pastor _____

How did you hear about Bethany Camp: Church Friend Internet Website Word of Mouth/Referral

School _____ City _____ Who referred you? _____

Cabin Mate Request (up to 4, First and Last name required) _____

STEP 5 CAMPER HEALTH INFORMATION

Bethany Camp has a nurse on site at all times during your camper's stay. It is our policy to notify the parent, guardian or emergency contact as soon as possible in the even of serious accident, illness, or injury. If your contact information changes before or during camp, please update this information via your camper's online account or via phone or email to the Bethany Camp office. Before your camper will be allowed to attend camp, we need copies of the following forms: **Insurance and Immunization Form** and **Doctor's Orders Form**. You can mail, email, or fax these forms to the camp office. **Due to NYS Requirements, Bethany Camp must have a copy of the "Doctor's Orders Form" signed by a doctor in hand at the camp in order for your camper to receive any over the counter medication during their stay.**

STEP 6 MEDICATION

Please list all prescription medications. **All prescription medications must be given to the camp nurse in the original prescription container with the doctor approved dosage on the label.** Emergency medications (ie. inhalers and epi-pens) will be made available to your camper's counselor for emergency use only.

STEP 7 PAYMENT OPTIONS:

We have several payment options available. Payment by check or cash may be mailed to the camp office. In order to pay via credit card, debit card, or e-check you can either pay online via CAMPWISE, or call the camp office to pay over the phone. A \$75 nonrefundable, but transferable, registration fee is due in order to be considered registered. (If you register online and choose the "Mail-in Check" option, your child's enrollment status will be charged to REGISTERED once the check arrives at camp.)

STEP 8 PAYMENT DETAILS:

Camp fee for this camper \$ _____
Bistro Money \$ _____
Paintball (\$15/session) \$ _____
T-shirt \$12 (Add \$2 for sizes 2X and up) \$ _____
Long Sleeve \$15 (Add \$2 for sizes 2X and up) \$ _____
Hoodie \$20 (Add \$2 for sizes 2X and up) \$ _____
Subtotal Due \$ _____

Discounts (Check those that apply to this camper):

Reg. before May 1st	\$25 _____	Sibling Discounts:	
First Time Camper	\$25 _____	1 st Sibling	\$15 _____
Paying by Cash/Check	\$10 _____	2 nd Sibling	\$25 _____
Multi Week Camper	\$50 _____	3 rd Sibling	\$35 _____
Refer a Friend	\$25 _____	4 th + Sibling	\$55 _____

_____ (name a friend YOU referred

Please note that First Time Camper and Referred Friends are those that have not been to Bethany Camp for either of the last 2 years. The Siblings Discount only applies to that sibling. The 1st camper in a family pays full price. The 2nd camper (aka 1st sibling) receives \$15 off, the 3rd \$25 off, etc.

Total Discounts \$ _____

Total Balance Due \$ _____

Amount Paying Today \$ _____

STEP 9 WAIVER AND RELEASE

Please Initial each line item and sign below.

___ In case of medical Emergency, I give consent for the child I am registering, to Bethany Camp, to seek Emergency Medical Treatment by trained professionals and I will be contacted Immediately.

___ In case of an event requiring Basic First Aid care, I give consent for medical treatment, by authorized personnel, to Bethany Camp, for the child I am registering. I understand Bethany Camp will notify me at its earliest convenience.

___ I understand that Bethany Camp does not offer secondary health insurance.

___ I certify that the child I am registering has my permission to attend Bethany Camp.

___ I give permission for the child I am registering, to have their photo and or testimonial used for promotional purposes including being in the "Week in Review" Video.

Signature of parent or guardian

Date

If you have any questions about your registration, please give us a call!



Bethany Camp

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