

BETHANY CAMP 2024 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 30– July 5 (\$375)
____ Youth Camp 1: July 7– 12 (\$350)
____ Youth Camp 2: July 14-19 (\$375)
____ Youth Camp 3: July 21-26 (\$375)

Step 4 Camper's Information: DOB ____/____/____ Grade Entering fall of 2024 ____ 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 event 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**. These forms can be downloaded on our website or from CAMPWISE. 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 changed 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 _____	1st Sibling	\$15 _____
Paying by Cash/Check	\$10 _____	2nd Sibling	\$25 _____
Multi week camper	\$50 _____	3rd Sibling	\$35 _____
Refer a Friend	\$25 _____	5th+ Sibling	\$55 _____

_____ (name of 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 **Sibling 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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