

BETHELWOODS CAMP-IN-A-VAN CAMPER REGISTRATION FORM

1. Camper's name _____

Grade Completed _____ Date of Birth _____ Please Circle: Male or Female

2. Camper's name _____

Grade Completed _____ Date of Birth _____ Please Circle: Male or Female

3. Camper's name _____

Grade Completed _____ Date of Birth _____ Please Circle: Male or Female

Address _____

Parent/Guardian name(s):

Phone: HOME () _____

WORK () _____

CELL () _____

Alternate Emergency Phone:

Name _____

Relationship to camper _____

Phone: HOME () _____

WORK () _____

CELL () _____

Allergies or other medical concerns the staff should be aware of:

Do you carry family medical/hospital insurance? • Yes • No

Health Insurance Company _____

Policy Number _____

Family physician _____ Phone: () _____

Parent/Guardian Authorization

In signing this form, I give permission for the use of photography including my son/daughter in camp publicity; and for the release of medical records in case of injury or illness. I understand that in the case of emergency, every effort will be made to contact me. If I cannot be reached at the numbers supplied, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named herein.

Parent/Guardian Signature _____ Date _____