

2010 BETHEL BLOWOUTS

KIDS AGES 7-12 - OCTOBER 22ND-24TH

TEENS AGES 13-16 - NOVEMBER 5TH-7TH

Campers will be grouped in their cabins by age. Registration will be at 8:00pm at the Dining Hall. Please make sure children bring warm bedding and warm clothing. Please feel free to call us with any questions: (803) 926-5511 Limited slots available. Registrations will be processed on a First Come/ First Served basis. All accepted registrations will be confirmed by phone.

COME SPEND A WEEKEND AT BETHEL AND JOIN IN THE FUN
FRIDAY 8PM - SUNDAY 1:30PM Limited Slots Available!
Blowout Registration 2010

Camper Name: _____ Age at date of camp: _____ Male Female
Address: _____ Home Phone: (_____) _____
City/State/Zip: _____ Cell Phone: (_____) _____
Parents/Guardian: _____ Email Address: _____
First time camper at Bethel? Yes No Emergency Contact (Name & #) _____ (_____) _____

Dates: (Both dates run from Friday 8pm - Sunday 1:30pm)

October 22-24 only for Ages 7-12

November 5-7 only for Ages 13-16

All accepted Registrations will be confirmed by phone upon receipt of this completed registration form and payment in full.

Please do not call or email to reserve a spot.

Cost: \$40.00 CHECK THE METHOD OF PAYMENT THAT YOU PREFER:

I am paying in full (\$40.00) at this time by check. Please charge my credit card.

VISA MasterCard # _____ Exp. Date: _____ Signature: _____

I would like to request a 50% scholarship (**\$20.00 deposit required**). A limited number of Scholarships are available ONLY for those with FINANCIAL NEED. Scholarship Registrations will not be processed without a \$20.00 deposit payable by check, credit card, or money order.

If weekend is full upon receipt of this registration form, please place my child on a waiting list and contact me.

Release Form (must be signed for Registration to be processed):

INSURANCE AND MEDICAL RELEASE: Your medical insurance will be considered primary in case of accident or injury. By signing below, you give permission for the above person to attend camp and agree to hold harmless Bethel Christian Camp, its board, employees and staff for any injuries, damages or losses. You also authorize Bethel, after an attempt to contact you in a timely manner, to act in place of parents/guardians to secure proper medical treatment, hospitalization, injections, medicines, transfusions, and/or surgery in the event of emergency need. You also agree for the camper to receive over-the-counter medicines (i.e., Tylenol, Pepto Bismol, etc.) according to label directions and to receive minor first aid.

Medical Insurance Co.: _____ Policy No. _____ Insured Name: _____

Camper must be immunized according to DHEC standards. Are immunizations required for public school up to date? Yes No

Does camper have allergic reactions or any medical conditions? Insect Bites/Stings Penicillin Other _____

List any prescription medicines (Bethel will administer): _____

CAMPER ACTIVITY RELEASE: My child may participate in **ALL camp activities**. Bethel Christian Camp will make every effort to conduct safe programs and events, but there is always some risk involved in camping activities. I accept these risks as part of my child's participation, and hereby waive any rights that I, or said minor, may have to sue Bethel Christian Camp or any of their employees, as a result of any and all injuries, damages, or losses sustained by the mentioned minor child while participating in the camp program.

Signature of parent or guardian: _____ Date: _____

Cut out or copy and mail to: Bethel Christian Camp • 750 Boy Scout Road • Gaston, SC 29053

Phone: 803-926-5511 • Fax: 803-926-9270 • Email: info@bethelchristiancamp.org • www.bethelchristiancamp.org

***WEB REGISTRATION**