

# Bethel Christian Camp Summer 2012 REGISTRATION AND HEALTH FORM



## Section 1 – Basic Contact Information

Camper Name : \_\_\_\_\_ Nickname: \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female T-shirt size: Adult / Youth \_\_\_\_

Camper Lives with:  Mother & Father  Mother  Father  Grandparent  Other \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Roommate Choice (Roommate must be about the same age, and also choose you): \_\_\_\_\_

School District: \_\_\_\_\_ Local Church: \_\_\_\_\_

Mother/Guardian #1 Name: \_\_\_\_\_

Email: \_\_\_\_\_ Please help us save money by providing us with an email address for electronic receipting.

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Day Phone is: Home Work Cell Night Phone is: Home Work Cell

Father/Guardian #2 Name: \_\_\_\_\_

Email: \_\_\_\_\_ Please help us save money by providing us with an email address for electronic receipting

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Day Phone is: Home Work Cell Night Phone is: Home Work Cell

Additional Emergency Contact (In case we can't reach YOU) Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Day Phone is: Home Work Cell Night Phone is: Home Work Cell

### Doctor Contact Information (only if child is currently under treatment)

Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist/Orthodontist Name \_\_\_\_\_ Phone \_\_\_\_\_

### If you will be traveling during your camper's stay at Bethel.

Please inform us in writing of any travel plans. Attach phone numbers, local relative names and numbers, and/or any other information that would assist us in contacting you in case of an emergency.

---

---

---

## Section 2 – Insurance Information

Insurance Carrier \_\_\_\_\_ Group or Policy # \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

**We strive to make Bethel a safe place for our campers.** One way that we do that is by having you complete a health history for your child so that we may be better prepared in the event of an emergency. The health form is kept confidential and used by our health care staff (or emergency medical personnel).

**Every camper NEEDS a completed health form to participate in any Bethel camp programs.**

**Please fill out this form as completely as possible.** Campers are not singled out, made to feel embarrassed or treated differently because of information gathered from the health form. Rather, the more we know ahead of time, the easier it is to help your child have a successful experience at camp. Thank you!

## Section 3a – Medications: Will Camper be taking medications while at camp? Yes No (medications include prescription, over-the counter, vitamins, inhalers, etc)

If Child will be taking **NO medication** during their time at Bethel then please skip to **Section 3b – Restrictions and Instructions**

If camper will be taking medications while at camp, please list all (prescription and non-prescription). Include the medication name, prescribing physician, physicians' phone number, and the dosage instructions. Use an additional sheet if needed. You can download one here: <http://www.bethelchristiancamp.org/forms.htm>. When you check-in at camp, please provide all medications in their **original packaging** that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and frequency of administration.

**Medication** \_\_\_\_\_ Dosage \_\_\_\_\_ Taken:  Breakfast  Lunch  Dinner  Bed Time

Reason for Taking \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Medication** \_\_\_\_\_ Dosage \_\_\_\_\_ Taken:  Breakfast  Lunch  Dinner  Bed Time

Reason for Taking \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Medication** \_\_\_\_\_ Dosage \_\_\_\_\_ Taken:  Breakfast  Lunch  Dinner  Bed Time

Reason for Taking \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Medication** \_\_\_\_\_ Dosage \_\_\_\_\_ Taken:  Breakfast  Lunch  Dinner  Bed Time

Reason for Taking \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Medication** \_\_\_\_\_ Dosage \_\_\_\_\_ Taken:  Breakfast  Lunch  Dinner  Bed Time

Reason for Taking \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Medication** \_\_\_\_\_ Dosage \_\_\_\_\_ Taken:  Breakfast  Lunch  Dinner  Bed Time

Reason for Taking \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Phone \_\_\_\_\_

## Section 3b – Restrictions and Instructions (if none please skip to Section 4)

### Special Instructions or Considerations for Minor Illness

Unless specific instructions are provided camp health care staff will treat minor illnesses (headache, insect bite, etc) with over the counter medications. If illness persists, parents will be notified.

---

---

### Special Dietary Needs

---

---

### Physical Activities to be Limited or Restricted while at Camp

---

---

### Anything else you think we should know

---

---

## Section 4 – Allergies

Camper does not have any Allergies (proceed to Section 5)

Camper is allergic or has an extreme reaction to:

1.Pollen and Dust 2.Poison Ivy/Oak 3.Bee Stings 4.Insect Stings 5.Food 6.Penicillin 7.Other Drugs 8.Other

List Allergy #'s. Describe reaction and treatment \_\_\_\_\_

---

---

## Section 5 – Immunizations

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

## Section 6 – Health History

**Please know that we value your privacy. Health History information is available only to the camp health care staff. Only after a conversation with you and with your permission will any of this information be given to your child's counselor. We request this information in order to give your child and all the other children at camp a more successful and safe experience. The more information you provide, the better we can do our job. Thanks!**

**Has the camper had a history of or is prone to any of the following (Please check all that apply):**

- |   |  |  |
|---|--|--|
| <input type="radio"/> 1.Recent injury, illness, or infectious disease | <input type="radio"/> 12.Heart Defect/Disease              | <input type="radio"/> 23.Diarrhea or Constipation          |
| <input type="radio"/> 2.Chronic or recurring illness                  | <input type="radio"/> 13.Hypertension                      | <input type="radio"/> 24.Frequent Stomachaches             |
| <input type="radio"/> 3.Asthma  | <input type="radio"/> 14.Bleeding/Clotting Disorders       | <input type="radio"/> 25.Needs to wear glasses or contacts |
| <input type="radio"/> 4.Homesickness                                  | <input type="radio"/> 15.Diabetes                          | <input type="radio"/> 26.Been hospitalized recently        |
| <input type="radio"/> 5.History of Bedwetting                         | <input type="radio"/> 16.Mononucleosis (in last 12 months) | <input type="radio"/> 27.Wears a Medic Alert ID            |
| <input type="radio"/> 6.Sleepwalks                                    | <input type="radio"/> 17.Joint Problems (knees, ankles)    | <input type="radio"/> 28.Other _____                       |
| <input type="radio"/> 7.Nightmares/Night Terrors                      | <input type="radio"/> 18.Fractures (2 months)              |  |
| <input type="radio"/> 8.Frequent Ear Infections                       | <input type="radio"/> 19.Frequent Headaches or Migraines   |  |
| <input type="radio"/> 9.Seizure Disorder or Convulsions               | <input type="radio"/> 20.Head Injury                       |  |
| <input type="radio"/> 10.H.I.V  | <input type="radio"/> 21.Psychiatric Disorder or Treatment |  |
| <input type="radio"/> 11.Hepatitis                                    | <input type="radio"/> 22.Eating Disorder                   |  |

Please list the number and provide explanation for any checked items

---

---

---

## Section 7 – Program

### CHECK THE WEEK(S) IN WHICH YOU WISH YOUR CHILD TO PARTICIPATE

\*all costs include a week of canteen and a camp t-shirt

<input type="checkbox"/> <b>June 24-30 Junior Camp 1</b> (Ages 7-11)	\$243.00
<input type="checkbox"/> <b>July 1-7 Middler Camp</b> (Ages 11-14)	\$243.00
<input type="checkbox"/> <b>July 9-13 Day Camp Week</b> (Ages 6-11)	\$140.00
<input type="checkbox"/> Additional Overnight Stay on Thursday	\$15.00
<input type="checkbox"/> Shuttle from St. Andrews & I-26 (leaves @ 8:15am)	\$10.00
<input type="checkbox"/> Shuttle from N. Trenholm Baptist (leaves @ 8:15am)	\$10.00
<input type="checkbox"/> <b>July 15-21 Junior Camp 2</b> (Ages 7-11)	\$243.00
<input type="checkbox"/> <b>July 29-Aug 4 Teen Camp</b> (Ages 13-16)	\$243.00
<input type="checkbox"/> <b>August 6-10 Teen Adventure Trip</b> (Ages 14-17)	\$243.00
<input type="checkbox"/> Paintball Session (*optional for Middler and Teen Camp only)	\$30.00

\*Paintball is not available if you are applying for a Scholarship.

#### Totals:

1) Total for camper fees (add the cost for all items checked above).....	\$
2) Sibling Discount: If you will be registering <b>more than one child in the same household</b> then deduct \$11.00...	-\$11.00
3) <b>TOTAL CAMP FEES</b> (camp fees minus Sibling Discount if applicable).....	\$

#### Payment Options: (you MUST check either option A or option B for this Registration to be processed)

A)  I am paying my **TOTAL CAMP FEES in full** at this time (Money Order, Check, Credit Card)

If paying IN FULL before April 1<sup>st</sup> deduct \$25.00 from **TOTAL CAMP FEES**.....(New

Balance)

\$
----

B)  I am paying a non-refundable Registration Fee of **\$40.00 per camper** at this time and will pay the remainder of my **TOTAL CAMP FEES** the day of Registration. (Not eligible for the April 1 Discount).

**Note:** Registrations will not be processed without the \$40.00 Registration Fee.

Payment by **Check** (if paying by personal check, please include Drivers License #): \_\_\_\_\_

Payment by **Credit Card** (by phone)  Visa  MasterCard

Name as it appears on the Card: \_\_\_\_\_

**Daytime Phone # where I can be reached to confirm Credit Card information:** \_\_\_\_\_

#### Scholarship:

I would like to request a Scholarship (\$40.00 Registration Fee Required). A limited number of scholarships are available ONLY for those with FINANCIAL NEED. Please fill out all the information below. Please consider what you can pay above the \$40.00 fee in order to help us help as many families as possible experience a week at Bethel. All campers requesting a Scholarship must send in this completed Registration Form along with the \$40.00 Registration Fee.

# of people in Household: \_\_\_\_\_

Annual Household Income:

\$10,000-\$20,000

\$20,000-\$25,000

\$25,000-\$30,000

\$30,000-\$40,000

\$40,000 and above

Overnight Camp (per child)		Day CampWeek (per child)	
Camp Cost:	\$243.00	Camp Cost:	\$243.00
Camper Registration Fee:	-\$40.00	Camper Registration Fee:	-\$40.00
Remaining Balance:	=\$203.00	Remaining Balance:	=\$203.00
Minus the additional amount I can contribute beyond the registration fee:	-\$	Minus the additional amount I can contribute beyond the registration fee:	-\$
<b>Scholarship amount requested:</b>	<b>=\$</b>	<b>Scholarship amount requested:</b>	<b>=\$</b>

Please provide a brief explanation of the reason for the scholarship and how it will be of assistance to your family:

---



---



---



---



---

## Section 8 – Authorization

Regarding my child: \_\_\_\_\_

### Camper Full Name

the information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel.

**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. Examples of these activities include, but are not limited to: archery, canoeing, ropes course / climbing wall, riflery, team sports, tubing, swimming, zip-line, lake elements, group games, basketball, hiking, and fishing. 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 standard camp program.

**Conduct:** As a private organization, Bethel Christian Camp expects a high standard of conduct and dress. Bethel reserves the right to ask campers to change improper clothing, and to dismiss anyone for misconduct (no refund will be made). Tobacco, drugs, alcohol, profanity, disrespect, bullying, questionable remarks and gestures will not be tolerated.

**Photos:** I give permission to Bethel Christian Camp to use photographs and/or video of my child for promotional purposes.

**Insurance, Treatment, and Medicine:** Your medical insurance will be considered primary in case of accident or injury. In addition, by signing below, I authorize Bethel, after an attempt to contact me in a timely manner, to act in place of parents/guardians to secure proper medical treatment, hospitalizations, injections, medicines, transfusions, and/or surgery in the event of an emergency. I also agree for the camper to be given the medicines listed in **Section 3** of this form in the manner they are prescribed and/or directed. I also agree for the camper to receive over-the-counter medications (i.e. Tylenol, Pepto Bismol, etc.) according to label directions, and to receive minor first aid from the Bethel Staff.

### I agree to the above:

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*Additional Release forms must be signed for Paintball, please request those forms on the day of Registration

Please mail completed form to:

Bethel Christian Camp  
750 Boy Scout Rd  
Gaston, SC 29053

Phone: 803-926-5511  
Fax: 803-926-9270

Email: [office@bethelchristiancamp.org](mailto:office@bethelchristiancamp.org)

Online Registration can be found on our website: [www.bethelchristiancamp.org](http://www.bethelchristiancamp.org)

