

Bethel Christian Camp Summer 2024 REGISTRATION AND HEALTH FORM



Section 1 – Basic Contact Information

rev. 01/19/24

Camper Name : _____ Nickname: _____

Birth date: ____/____/____ Gender: Male Female T-shirt size: (circle) Adult / Youth S M L XL XXL 3XL 4XL

Camper Lives with: Mother & Father Mother Father Grandparent Other _____

Street Address: _____ City _____ State _____ Zip Code: _____

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

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. It is very important to be able to always reach someone, please list numbers in order that we should call. **(Keep in mind that the number you see on your phone may not be the Bethel office number)**

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 healthcare 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 2 – Allergies and Dietary Restrictions

Does your child have any allergies? Yes No Allergy

Type: Food Environmental Drug

Please give the date and details of child's last allergic reaction

Does your child require an **EpiPen**? Yes No Please provide details.

Does your child have any Dietary Restrictions? Yes No Please explain:

Please Note: We can accommodate certain common dietary needs (lactose intolerance, minor food allergies, etc). However, please have a discussion with us in advance by calling us regarding any special dietary needs. We do not recommend enrolling campers with SEVERE peanut allergies due to the fact that we cannot guarantee that all foods served during the week will be peanut-free. Please also understand that Bethel **cannot** accommodate dietary preferences such as **Vegetarian or Vegan**.

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

If the camper will be taking medications while at camp, please list all (prescription and non-prescription). Include the medication name, prescribing physician, physician's 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 a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Medication _____ **Dosage** _____ **Taken:** Breakfast Lunch Dinner Bedtime As Needed

Reason for Taking _____

Prescribing Physician _____ **Phone** _____

Medication _____ **Dosage** _____ **Taken:** Breakfast Lunch Dinner Bedtime As Needed

Reason for Taking _____

Prescribing Physician _____ **Phone** _____

Medication _____ **Dosage** _____ **Taken:** Breakfast Lunch Dinner Bedtime As Needed

Reason for Taking _____

Prescribing Physician _____ **Phone** _____

Medication _____ **Dosage** _____ **Taken:** Breakfast Lunch Dinner Bedtime As Needed

Reason for Taking _____

Prescribing Physician _____ **Phone** _____

Section 4 – Immunizations

Are required public school immunizations up-to-date? Yes No **Date of child's most recent Tetanus booster:** _____

Section 5 – 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="checkbox"/> 1. AIDS / ARC | <input type="checkbox"/> 12. Mental Health Issues | <input type="checkbox"/> 6. Scarlet Fever |
| <input type="checkbox"/> 2. Asthma / Inhaler | <input type="checkbox"/> 13. Nightmare / Sleepwalking | <input type="checkbox"/> 7. Whooping Cough |
| <input type="checkbox"/> 3. Bedwetting | <input type="checkbox"/> 14. Seizures | <input type="checkbox"/> 8. Other _____ |
| <input type="checkbox"/> 4. Behavioral Issues | <input type="checkbox"/> 15. Medic Alert ID | |
| <input type="checkbox"/> 5. Constipation / Diarrhea | <input type="checkbox"/> 16. Autism/Aspergers | |
| <input type="checkbox"/> 6. Developmental Delays | <input type="checkbox"/> 17. Other _____ | |
| <input type="checkbox"/> 7. Diabetes | | |
| <input type="checkbox"/> 8. Frequent Ear Infections | | |
| <input type="checkbox"/> 9. Severe Headaches | | |
| <input type="checkbox"/> 10. Homesickness | | |
| <input type="checkbox"/> 11. Irritable Bowel Syndrome | | |
| <input type="checkbox"/> 12. Sickle Cell Disease | | |

Diseases

- 1. Hepatitis A, B, or C
- 2. Measles
- 3. Mono (past year)
- 4. Mumps
- 5. Rheumatic Fever

Operations / Injuries

- 1. Recent Operations
- 2. Serious Injuries
- 3. Other _____

Please list the number and provide an explanation for any checked items

Section 6 – Restrictions and Instructions

Special Instructions or Considerations for Minor Illness

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

Will your child require any special assistance while at camp?

Physical Activities to be Limited or Restricted while at Camp:

Anything else you think the medical staff should know:

Section 7 – Insurance and Doctor Information

Doctor Contact Information (only if child is currently under treatment for an accident or illness)

Family Doctor or Dentist _____ Phone _____

Does your child have **Medical Insurance?** Yes No **Employer Name** (if insured through company) _____

Full Name of Policy Holder _____ **Phone** _____

Insurance Company / Plan Name _____ **Phone** _____

Policy Number _____ **Insurance Group Name or Number** _____

Section 8 – Program

CHECK THE WEEK(S) YOU WOULD LIKE YOUR CHILD TO PARTICIPATE

- June 9-14 Junior 1 (ages 7-11) \$379.00
- June 16- 21 Junior 2 (ages 7-11) \$379.00
- June 23 - 28 Middler 1 (ages 11-14) \$379.00
- June 30-July 3 Junior 3Mini (ages 7-11) \$279.00
- July 7-12 Middler 2 (ages 11-14) \$379.00
- July 14-19 Junior 4 (ages 7-11) \$379.00
- July 21-26 **Teen Week Boys** (ages 13-16) \$389.00
- July 28-August 2 **Teen Week Girls** (ages 13-16) \$389.00

Totals:

1) Total for camper fees (add the cost for all items checked above).....

\$

2) Sibling Discount: If you will be registering **more than one child in the same household** deduct \$12.00

-\$12.00

3) TOTAL CAMP FEES (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 1st deduct \$25 from **TOTAL CAMP FEES**..... (New Balance)

\$

B) I am paying a non-refundable Registration Fee of **\$75.00** per camper at this time and will pay the remainder of my TOTAL CAMP FEES on or before the first day of my child’s week at camp. (not eligible for the April 1st Discount)

Note: Registrations will not be processed without the **\$75 Registration Fee**.

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

Payment by **Credit Card** (by phone only) Visa Mastercard

Name as it appears on the Card (please print): _____

Daytime Phone # where you can be reached to make Credit Card payment over the phone: _____

Scholarships:

I would like to request a Scholarship (the \$75 Registration Fee is still required). A limited number of Scholarships are available only to those with financial need. Please fill out all the information below. Please consider what you can pay above the \$75 fee in order to help us help as many families as possible experience a week at Bethel. This amount can be done in payments prior to your child’s arrival. All campers requesting a Scholarship **MUST** send in this completed Registration Form along with the \$75 Registration Fee. Only one (1) Scholarship per summer is available per child.

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

Week of Camp (per child)	
Camp Cost:	\$
Mandatory Camper Registration Fee:	-\$75
Remaining Balance:	=
Minus the additional amount I can contribute before my child’s week at camp:	-\$
Scholarship Amount Requested:	=\$

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

Section 9 – Authorization

Regarding my child: _____

Camper Full Name

I am the **LEGAL PARENT** or **GUARDIAN** for the child I am registering.

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, fighting, questionable remarks and gestures will not be tolerated. (We encourage parents or guardians to personally reiterate these with your child before arriving at camp)

If a camper needs to go home, whether for medical or behavioral reasons; **we require that they be picked up right away.** We may not possess extra staff to give your child one on one care apart from the group for an extended time.

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

MEDICAL

All of the information I have provided on this form is accurate and up to date.

I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel.

Insurance:

I understand that my medical insurance will be considered primary in case of accident or injury.

Treatment:

In addition, by checking this box, 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.

Medications:

I also agree for the camper to be given the medicines listed on 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 _____

Please mail completed form to:

**Bethel Christian Camp
750 Boy Scout Rd
Gaston, SC 29053**

Phone: 803-926-5511

Email: office@bethelchristiancamp.org

Online Registration can be found on our website: www.bethelchristiancamp.org

