

# 2010 Camp Schedule

- |                          |                           |                |          |
|--------------------------|---------------------------|----------------|----------|
| <input type="checkbox"/> | Special Needs Camp        | June 1- 5      | donation |
| <input type="checkbox"/> | Junior 1 (grades 4-6)     | June 7-11      | \$60     |
| <input type="checkbox"/> | Junior 2 (grades 6-8)     | June 14-19     | \$70     |
| <input type="checkbox"/> | High School (grades 9-12) | June 21-26     | \$70     |
| <input type="checkbox"/> | Day Camp (grades 1-3)     | June 28-July 2 | \$35     |
| <input type="checkbox"/> | Junior 1 (grades 4-6)     | July 5-9       | \$60     |
| <input type="checkbox"/> | Junior 2 (grades 6-8)     | July 12-17     | \$70     |
| <input type="checkbox"/> | High School (grades 9-12) | July 19-24     | \$70     |

Grades listed refer to the grade completed by camp time 2010



# BETHEL CAMP

Please keep in mind that, the camp fees listed only cover 1/4 of the camp costs. Generous donors and churches help to cover the rest. Feel free to make a donation above and beyond the camper fees. Thanks!

## Bethel Camp 2010 Registration Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Circle One (Male/Female) Grade (completed '10) \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_\_ Is this your first time at Bethel Camp? **Yes / No**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Camper's e-mail (to put on camp address list) \_\_\_\_\_

Church Name \_\_\_\_\_ Pastor \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Parent's e-mail \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Parent's Work (\_\_\_\_) \_\_\_\_\_ Parent's Cell (\_\_\_\_) \_\_\_\_\_

Second Parent/Guardian (if different households) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Emergency Contact (different from above): \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**\*Please indicate the week of camp you wish to attend by checking the corresponding box in the schedule above.**

Do you have a friend you wish to share a cabin with? \_\_\_\_\_

Note - We do not guarantee that you will be able to stay with your friends. Campers are primarily placed in cabins according to age.

### PAYMENT MAY BE MADE IN ADVANCE, OR YOU MAY PAY AT REGISTRATION

Return camp form and make checks payable to:

**Bethel Camp**  
**2773 Bethel Church Rd.**  
**Clayhole, KY 41317**

phone: (606) 666-4911  
 e-mail: grow@bethelcamp.org

Office Use Only

Entered \_\_\_\_\_

Paid \_\_\_\_\_

Letter \_\_\_\_\_

\* Parents, you can pay your child's snack shop, t-shirt, hoodie and DVD money ahead of time too. Just add the extra to your check and circle the items you wish to designate the money for.

Registration \$ \_\_\_\_\_ T-Shirt \$10 Hoodie \$25 DVD \$10 Snack Shop \$ \_\_\_\_\_ Donation \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**WE ARE LIMITED IN SPACE!! PLEASE REGISTER EARLY TO ENSURE YOU GET THE WEEK YOU WANT!!**

# Health History Form

Camper's Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_  
Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Business Phone \_\_\_\_\_  
Medical Insurance Carrier \_\_\_\_\_  
Policy/Group # \_\_\_\_\_ Social Security \_\_\_\_\_

## Check and/or indicate dates of all that apply below

### Conditions

\_\_\_\_\_ Asthma  
\_\_\_\_\_ Frequent ear infections  
\_\_\_\_\_ Heart defects/disease  
\_\_\_\_\_ Convulsions/Epilepsy  
\_\_\_\_\_ Bleeding/Clot disorders  
\_\_\_\_\_ Hypertension  
\_\_\_\_\_ Diabetes

### Allergies

\_\_\_\_\_ Food  
\_\_\_\_\_ Animals  
\_\_\_\_\_ Hay Fever  
\_\_\_\_\_ Insect Stings  
\_\_\_\_\_ Medicine/Drugs  
\_\_\_\_\_ Plants  
\_\_\_\_\_ Other

### Childhood Illnesses

\_\_\_\_\_ Chicken Pox  
\_\_\_\_\_ Measles  
\_\_\_\_\_ German Measles  
\_\_\_\_\_ Mumps

Please explain any conditions or allergies: \_\_\_\_\_

List, with date, any major illnesses or injuries with the past year. \_\_\_\_\_

Is camper currently under a physician's care for a medical problem? \_\_\_\_\_

List, with date, any surgeries/operations \_\_\_\_\_

Is the camper a vegetarian or does the camper have any other dietary modifications/restrictions? \_\_\_\_\_

State any restrictions on physical activity and list/explain any other problems we should know about: \_\_\_\_\_

Are vaccinations up to date? \_\_\_\_\_ Date of last tetanus booster \_\_\_\_\_

List any medication/vitamins the camper must use while at Bethel Camp. (All medications must be sent in the original container with original label.) \_\_\_\_\_

**Authorization For Medical Care:** I hereby certify that the above information is correct and give permission for the release of these medical records in the event of injury illness. I give permission to the Bethel Camp nurse to administer medication as listed above, to perform treatment for minor injuries/illnesses and to administer non-prescription medication for minor injuries/illnesses. I also give permission for the Bethel Camp staff to transport my child to and from a doctor/hospital for medical treatment. Furthermore, I give permission for the Bethel Camp director or his designate to allow hospital personnel and/or a licensed physician to perform emergency treatment and inject/administer drugs in conjunction with such emergency treatment.

Parent/Guardian Signature

Date

**As A Camper I Agree To:** Respect camp property and staff. Stay within the main grounds area. Be on time for activities. Refrain from using profanity (swearing, foul language, etc.). Engage in wholesome social relationships. Relationships with the opposite sex will be kept in a group context. Leave radios, CD players, MP3 players, electronic games, cell phones, tobacco, alcohol/drugs & food at home - or turn them in to the camp nurse when I arrive at camp. Dress modestly and appropriately for camp activities. (Tank tops and short/tight shorts will not be permitted.) Remember that the type of clothes worn at camp is a testimony to others and should not distract.

Camper's Signature

Date