

2012 Camp Schedule

- Junior 1 A (grades 4-6) June 4-8 \$60
- Junior 2 A (grades 6-8) June 11-16 \$70
- High School A (grades 9-12) June 18-23 \$70
- Special Needs Camp June 25-29 donation
- Day Camp (grades 1-3) July 2-6 \$35
- Junior 1 B (grades 4-6) July 9-13 \$60
- Junior 2 B (grades 6-8) July 16-21 \$70
- High School B (grades 9-12) July 23-28 \$70



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!

Grades listed refer to the grade completed by camp time 2012

BETHEL CAMP 2012 REGISTRATION FORM

First Name _____ Last Name _____

Circle One **Male / Female** Grade (completed '12) _____ 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 _____

Parent/Guardian Information: (If different from camper)
 Mother _____ Father _____

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Home Phone (_____) _____

Work Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ Cell Phone (_____) _____

E-mail _____ E-mail _____

Emergency Contact (different from above) _____ Relationship to camper _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell 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

Fax: (606) 666-4911 (call first)

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 Water bottle \$3 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 _____ Extra Emergency Contact _____
Home (_____) _____ Cell (_____) _____ Work (_____) _____
Physician's Name _____ Business Phone (_____) _____
Medical Insurance Carrier _____
Policy/ Group # _____

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 Illness

Chicken Pox
 Measles
 German Measles
 Mumps

Please explain any conditions or allergies: _____

List, with date, any major illnesses or injuries within 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 medications/vitamins the camper must use while at Bethel Camp: (All medications must be sent in the original container with original label.) _____

Describe camper's swimming ability: _____

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 or illness. I give permission to the Bethel Camp staff 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. My signature also indicates consent for the use of my child's picture in Bethel Camp publications/advertisements.

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 group context. I will leave radios, CD players, MP3 players, electronic games, cell phones, tobacco, alcohol/drugs & food at home—or turn them in to the camp nurse/first aide when I arrive at camp. I promise to 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