

# Camp Bethany Registration Form

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
e-mail \_\_\_\_\_ Home Phone \_\_\_\_\_  
Parents/Guardian \_\_\_\_\_ Parents' Daytime Phone \_\_\_\_\_  
Parents' Cell Phone \_\_\_\_\_ Other Contact Phone \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade Last Completed \_\_\_\_\_  
Gender:  Male  Female Shirt Size: \_\_\_\_\_ Select One:  Student  Adult Leader  Youth Pastor  
Church Member:  Yes /  No If yes, Church Name \_\_\_\_\_

Camp	Grades	Cost	Dates	Register By	Registration Fee
Kidz Missions	2 - 6	\$ 120.00	Jun 21 - 24	May 21, 2010	\$ 25.00

## Permission for Treatment and Photo/Video Notice

In the event that \_\_\_\_\_ becomes ill or sustains an injury while participating in or traveling to or from an authorized and chaperoned youth event at Camp Bethany in Bethany, Louisiana. I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and/or administer first aid. I also consent to X-Ray examinations, Anesthetic, Medical, Dental, or Surgical diagnosis and treatment, including invasive procedures and hospital care as well as the administration of drugs or medicine to be rendered to my son, daughter or child under my legal watch care, under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon. I understand that this consent will apply to all emergency situations present and future and will remain in effect until written revocation is received by certified United States Mail. I also agree that Camp Bethany, the Northwest Louisiana Baptist Association, its staff and/or volunteers will not be held responsible for any physical or emotional injuries received while participating in events and travel associated with Camp Bethany and the Northwest Louisiana Baptist Association. I assume all responsibility for any medical and emergency expenses associated with any accident, injury, or other incapacity, regardless of whether I have authorized such expenses.

Also, I understand that as a participant, my child may be photographed or video taped during normal activities and these photos/videos may be used in promotional materials.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

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

## Insurance Information

Insurance Name \_\_\_\_\_ Insurance Policy Number \_\_\_\_\_

Coverage Verification Number \_\_\_\_\_ Subscriber Name \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Medical Information (Please use back of form if more room is needed)

General Health is:  Excellent  Good  Fair  Poor

If Fair/Poor, please explain: \_\_\_\_\_

Any medical difficulties for which you are currently being treated for: \_\_\_\_\_

List any previous operations or serious illnesses: \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

**NOTE: ALL MEDICATIONS MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE WITH THE NAME OF THE CAMPER ON IT, DOSAGE INSTRUCTIONS, AND DOCTOR'S NAME; OTHERWISE, WE ARE NOT ALLOWED TO DISPENSE THE MEDICATION.**

Any special diet: \_\_\_\_\_

Date of last Tetanus Immunization: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**registration** Registration fee is \$25.00/camper. Balance is due on arrival at Camp. All counselors pay regular price. **Please make checks payable to: Camp Bethany.** Refunds will be allowed up to one week prior to camp. Church leaders should collect all forms and fees.

Please mail forms & fees to: **Camp Bethany**  
**PO Box 250**  
**Bethany, LA 71007**