

**CAMPER  
REGISTRATION**

**Camp Bethany**  
*KidZKamp/Preteen II*  
**Registration Deadline: May 23, 2011**

**July 5 - July 9, 2011**  
**\$ 150.00**

Name \_\_\_\_\_ Gender:  Male  Female  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Completed \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Parents/Guardians \_\_\_\_\_  
Parent's Cell Phone \_\_\_\_\_ Alternate Contact Phone \_\_\_\_\_  
Parent's Cell Phone \_\_\_\_\_ Alternate Contact Phone \_\_\_\_\_  
Church Member  No  Yes If Yes, Church Name \_\_\_\_\_

**Permission for Medical Treatment**

In the event that \_\_\_\_\_ (camper's name) becomes ill or sustains an injury, while participating in and/or travelling to and/or from a chaperoned event at Camp Bethany in Bethany, Louisiana, I, the undersigned, give my permission to those in charge to take whatever steps necessary to stop any blood loss, 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 medicines 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 mail. I also agree that Camp Bethany, the Northwest Louisiana Baptist Association (NLBA), and staff and/or volunteers of these entities will not be held responsible for any physical and/or emotional injuries sustained while participating in events and/or travel associated with Camp Bethany and the NLBA. By my signature below, I assume all responsibility for any and all medical and/or emergency expenses associated with any accident, injury, or other incapacity, regardless of whether I have authorized such expenses.

**Photo/Video Notice & Release**

I understand and acknowledge, also by my signature below, that as a participant (camper, counselor and/or volunteer/visitor) that my child or myself may be photographed and/or video taped during the course of normal activities of camp and that the photos/videos may be used in promotional materials without compensation or notice in kind.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name of Parent/Guardian \_\_\_\_\_

**Insurance Information**

Name of Insurance Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_  
Coverage Verification # \_\_\_\_\_ Subscriber Name \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Parents/Guardians: You may also send a photo-copy of your insurance card, front & back.

**Medical Information** - *Please use back of form if more room is required*

Camper's General Health is: \_\_\_Excellent \_\_\_Good \_\_\_Fair \_\_\_Poor

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

List any medical/physical difficulties the camper, named above, is currently being treated for: \_\_\_\_\_

Allergies (medicine, food, etc.) \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_

\_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Family Dr \_\_\_\_\_ Phone \_\_\_\_\_

**Note: All medication, prescription AND over-the-counter, must be in the original bottle/packaging, with the name of the camper on it, dosage instructions, & doctor's name; otherwise, we are not allowed to dispense the medication.**