

July 5 - July 9, 2011
\$ 150.00

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

**COUNSELOR
REGISTRATION**

Name _____ Gender: Male
Age _____ Date of Birth _____ Female
Address _____ Home Phone _____
City/State _____ Zip Code _____
e-mail address _____
Cell Phone _____ Alternate Contact Phone _____
Other Cell Phone _____ Alternate Contact Phone _____
Church Member No Yes If Yes, Church Name _____

Permission for Medical Treatment

In the event that I, _____, become ill or sustain 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 for myself, 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 Registering Counselor _____ Date _____

**If Registering Counselor is less than 18 years of age, parent or legal guardian must sign

Printed Name _____

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.