



Camper's Name \_\_\_\_\_ Church pays \$ \_\_\_\_\_ .00  
 Birthday \_\_\_\_\_  male  female Church name & town \_\_\_\_\_  
 Age \_\_\_\_\_ Grade entering this fall \_\_\_\_\_ Church representative: \_\_\_\_\_

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

**CAMPER FEES ARE NON-REFUNDABLE**

Camper's email \_\_\_\_\_ # of canteen cards \_\_\_\_\_ x \$7.50 = \$ \_\_\_\_\_ .00  
 Home phone (\_\_\_\_\_) \_\_\_\_\_ + Camp fee \$ \_\_\_\_\_ .00  
 = Total \$ \_\_\_\_\_ .00

Emergency # (\_\_\_\_\_) \_\_\_\_\_ Please make checks payable to Western Buckeye Christian Service Camp. You may also pay by credit card. Please list your information below.

Parent/guardian \_\_\_\_\_  
 Camper's pick-up person \_\_\_\_\_    

- Sr Hi
- 1<sup>st</sup> Jr Hi
- 2<sup>nd</sup> Jr Hi
- 1<sup>st</sup> Junior
- 2<sup>nd</sup> Junior
- Heart Start
- 1<sup>st</sup> Alpha
- 2<sup>nd</sup> Alpha
- Deaf Camp

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Signature \_\_\_\_\_

OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
		= total \$ _____ .00
date _____ # _____	amount paid \$ _____ .00	
paid by <input type="radio"/> church <input type="radio"/> camper		
date _____ # _____	amount paid \$ _____ .00	
paid by <input type="radio"/> church <input type="radio"/> camper		
bill to <input type="radio"/> church <input type="radio"/> camper	balance due \$ _____ .00	
date confirmation sent _____	canteen cards paid _____	

Are the camper's immunizations up to date?  yes  no Can your child have tylenol?  yes  no  
 Allergies \_\_\_\_\_ /food allergies \_\_\_\_\_

Current prescription/non-prescription drugs or medications (*All medications must be turned in to the nurse and be labeled with the camper's name, the drug name and the dosage and frequency of dispensation. Original prescription bottles are best.*) \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_  
 Physical limitations \_\_\_\_\_  
 Health insurance co. \_\_\_\_\_ Parent/guardian holding coverage \_\_\_\_\_  
 Employer \_\_\_\_\_ Group/policy # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

- I,
- have read and understand the rules, policies and dress code, and take full responsibility of my child's actions while attending camp.
  - give permission for my child to participate in all activities during this week or session of camp except as noted under physical limitations above.
  - acknowledge and accept the risk of physical injury associated with participation in camp activities.
  - give permission for the nurse or camp manager to secure non-surgical medical care for my child while attending camp.
  - give permission to the physician selected by the camp management to hospitalize, secure proper treatment for, or to order injections, anesthesia or surgery for my child. I understand that every effort will be made to contact me before any emergency procedures are undertaken.
  - release the camp from any responsibility other than normal supervision and care. In case of accident, I will not hold the camp, or it's faculty, staff, management or trustees liable unless guilty of gross negligence in regard to the safety and welfare of the camper.
  - certify that all information on this form is correct to the best of my knowledge. **Registration/health card MUST be signed to attend camp.**

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_