

# Butman Methodist Camp

## 2024 Camper Registration Form

Mail to: **Camp Registrar** Phone: **325-846-4212**  
**158 County Rd. 674** Fax: **325-846-3231**  
**Merkel, TX 79536** Email: **camp@butmancamp.org**  
Web Site: **www.butmancamp.org**

*For office use only*

Check # \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Amount of check this camper  
Check From: \_\_\_\_\_  
Check # \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Amount of Check this camper  
Check From: \_\_\_\_\_

**Registering For: Please check all Camps that apply:**

**Camper Fees Postmarked on or before...**

**By April 17<sup>th</sup> After April 17<sup>th</sup>**

- |  |                 |                 |
|--|-----------------|-----------------|
| <input type="checkbox"/> <b>Young Elementary 3rd-4th (June 3-5)</b>  | <b>\$189.00</b> | <b>\$198.00</b> |
| <input type="checkbox"/> <b>G.R.A.C.E. Camp 4th-6<sup>th</sup> (max age 13) (June 10-14)</b><br>(for campers w/ incarcerated loved one(s); call for fees and scholarships) | <b>\$600.00</b> | <b>\$600.00</b> |
| <input type="checkbox"/> <b>Elevate Elementary 4th-6th (July 8-12)</b>   | <b>\$378.00</b> | <b>\$395.00</b> |
| <input type="checkbox"/> <b>Elevate Sr. High 9th-12th (July 8-12)</b>  | <b>\$392.00</b> | <b>\$405.00</b> |
| <input type="checkbox"/> <b>Elevate Mid High 6th-8th (July 22-26)</b>  | <b>\$392.00</b> | <b>\$405.00</b> |

**\*\*\*Please see [www.butmancamp.org](http://www.butmancamp.org) for costs, dates, and Camp Directors for each camp\*\*\***

Registrations must be completed and signed by the parent/guardian. Many churches financially help their youth pay for camp. Please contact your home church about this possibility. Please have pastor or appropriate staff person sign registration form. The signed and completed Medical Form and registration fee must accompany the Registration Form, or forms will be returned for completion.

**\*\*\*Please Print Legibly\*\*\***

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**\*\*\*Please Print Legibly\*\*\***

**Camper Name** \_\_\_\_\_

First (goes by)

Middle Initial

Last

**Home Address** \_\_\_\_\_

Street or Box Number

City

State

Zip

**Primary Ph#** (\_\_\_\_) \_\_\_\_\_ **Camper e-mail** \_\_\_\_\_

**School Grade Entering in the Fall** \_\_\_\_\_ **Age at Camp** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Gender** \_\_ (M) \_\_ (F)

**What Church did you come to camp with?** \_\_\_\_\_ **Phone#** (\_\_\_\_) \_\_\_\_\_

**Church Address** \_\_\_\_\_

Street or Box Number

City

State

Zip

**Pastor's Name** \_\_\_\_\_

(Please print)

**Pastor's Signature** \_\_\_\_\_

**Parent/Guardian/Mother** \_\_\_\_\_

**Parent/Guardian/Father:** \_\_\_\_\_

**Address** \_\_\_\_\_

(If different from Camper)

**Address** \_\_\_\_\_

(If different from Camper)

**Primary Ph#** (\_\_\_\_) \_\_\_\_\_ **Primary Ph#** (\_\_\_\_) \_\_\_\_\_

**Work Ph#** (\_\_\_\_) \_\_\_\_\_ **Work Ph#** (\_\_\_\_) \_\_\_\_\_

**Cell Ph#** (\_\_\_\_) \_\_\_\_\_ **Cell Ph#** (\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Relationship to Camper:** \_\_\_\_\_ **Who will pick up camper?** \_\_\_\_\_

Does camper have an incarcerated **parent/loved one**? Yes ☐ No ☐

Has Camper been served by **Angel Tree**? Yes ☐ No ☐

**Name of incarcerated parent/loved one** \_\_\_\_\_ (Important for Scholarship funds)

**Name of prison or jail facility (if known)** \_\_\_\_\_ (Important for Scholarship funds)

**Roommate Preference (1 only please)** \_\_\_\_\_

(Roommate preference not guaranteed. Roommate preference not available for campers registered onsite.)

Camp Activities at **Butman Camp and Retreat Center** may include but are not limited to: swimming, hiking, sports, water slide, group games, Target Sports, Ropes Course and Climbing Wall activities. I do hereby assume all risk of the above and any other ordinary risk incidental to the camp setting and will hold the Butman Camp and Retreat center, and their Trustees, employees and agents harmless from any and all liability. I hereby grant permission to Butman Methodist Camp & Retreat Center to use photos of the above named camper, taken during activities at camp, for publicity purposes, in advertising materials, Butman Methodist Camp's social media outlets, and or on the camp's web site.

**Custodial Parent/Guardian's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please Note:** All camp fees are nonrefundable.

# Camper Medical Form

**Camper Name:** \_\_\_\_\_ **Camp(s) Registering For:** \_\_\_\_\_

The following information is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. **Everything must be completely filled out or form will be returned.**

**Immunization History: Please record the date (month/year) of basic immunizations and most recent boosters.**

Vaccines	Year of Basic Immunization	Year of Last Booster
Hep B – <i>hepatitis B</i>		
DTP – <i>diphtheria, tetanus, and pertussis (or)</i>		
DTaP – <i>diphtheria, tetanus, and acellular pertussis (or)</i>		
DT – <i>diphtheria and tetanus (or)</i>		
Td – <i>tetanus and diphtheria</i>		
Hib – <i>Haemophilus influenzae</i> type b		
PCV7 – <i>pneumococcal conjugate virus</i>		
MMR – measles, mumps, and rubella		
Varicella – <i>chickenpox</i>		
TB Test – <i>tuberculin test</i>		
PPV – <i>pneumococcal polysaccharide virus</i>		
Hep A - <i>hepatitis A</i>		
MCV- ( <i>Meningococcal Vaccine</i> )		
Flu - <i>influenza</i>		
Immunization or any other shots		

**Health History: Circle and give approximate date (mo/yr) where applicable**

Health Problems	Diseases	Allergies- please list all
Frequent Ear Infections	Chickenpox	Hay Fever
Heart Defect/Diseases	Measles	Ivy Poisoning, etc.
Convulsions	German Measles	Insect Sting
Diabetes	Mumps	Penicillin
Bleeding/Clotting Disorders	Other	Other Drugs
Hypertension		Food Allergies
		Other Allergies

Does your child have Asthma? Yes No Is it okay for your camper to receive over the counter medications as needed? Yes No

Operations or serious injuries (dates) \_\_\_\_\_

Chronic or recurring illness or medical condition \_\_\_\_\_

Dietary restrictions or special requests \_\_\_\_\_

Activities to be encouraged or limited \_\_\_\_\_

Current medications: PLEASE FILL OUT ATTACHED FORM.

COMMENTS: Please list any special circumstances that might affect how the camper relates to others at camp. Examples: special dietary needs, short attention span, family or personal circumstances, etc.

For Females: Has this person begun menstruation? \_\_\_\_ yes \_\_\_\_ no If not, has she been told about it? \_\_\_\_ yes \_\_\_\_ no

If so, is her menstrual history normal? \_\_\_\_ yes \_\_\_\_ no Special Consideration? \_\_\_\_\_

## To the Best of My Knowledge

\_\_\_\_\_ is in good health and is able to participate in all camp activities with the limitation listed above. In the event of an emergency and I am unable to be reached, I hereby give my permission for whatever emergency medical procedures might need to be performed by staff, first aid personnel, and/or by medical doctor on call at the emergency medical facility. I voluntarily agree to assume all of the foregoing risk and accept sole responsibility for myself or my camper(s) that may be exposed to or infected by any communicable disease(s) by attending the Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and or death. **I understand that should the medical history change, it is my responsibility to let the camp director know at camp registration.**

**Custodial Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Insurance Information:

**Please Note:** Camper's insurance coverage, through the camps, is provided as a "secondary" or back-up" coverage on a limited basis to any other coverage camper has under separate, private, or group plans.

**Please send a copy of your insurance Identification card (Front & Back) along with registration.**

Medical Insurance Company \_\_\_\_\_

Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Insurance Address & Phone # \_\_\_\_\_

Family Physician Name & Phone # \_\_\_\_\_

# Butman Methodist Camp

**Camper Medication Form for: \_\_\_\_\_ (Camper's Name)**

**Please Note: All prescription medications must be in the original prescription containers with Camper's name and dosage clearly marked on the container. Please put dosage and at what time to give.**

**Important: Insulin dosages must be included and must be clearly readable. Make sure the medication name matches what is on the bottle**

[illegible]