

Butman Methodist Camp

2026 Camper Registration Form

Mail to: **Camp Registrar** Phone: **325-846-4212**
158 County Rd. 674 Fax: **325-846-3231**
Merkel, TX 79536 Email: **info@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 th	After April 17 th
<input type="checkbox"/> Young Elementary 3rd-4th (June 1-3)	\$200.00	\$208.50
<input type="checkbox"/> Elevate Elementary 4th-6th (July 6-10)	\$400.00	\$417.00
<input type="checkbox"/> Elevate Sr. High 9th-12th (June 29- July 3)	\$417.00	\$430.00
<input type="checkbox"/> Elevate Mid High 6th-8th (July 20-24)	\$417.00	\$430.00

*****Please see 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 ***Please Print Legibly*** ***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 _____ **Pastor's Signature** _____
 (Please print)

Parent/Guardian/Mother _____ **Parent/Guardian/Father:** _____
Address _____ **Address** _____
 (If different from Camper) (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 is 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 website.

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 type b</i>		
PCV7 – <i>pneumococcal conjugate virus</i>		
MMR – <i>measles, mumps, and rubella</i>		
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 # _____

