

**BETHANY CAMP 2019 SUMMER CAMP REGISTRATION FORM**

**Step 1 Camper Name** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ **Male** **Female**

**Step 2 Choose an age group:**

\_\_\_ Discoverer  
(Entering 3rd-6th Grade)  
\_\_\_ Transformer  
(Entering 6th-9th Grade)



**Step 3 Choose a week:**

\_\_\_ High School Camp: June July 1-6  
\_\_\_ Youth Camp 1: July 8-13  
\_\_\_ Youth Camp 2: July 15-20  
\_\_\_ Youth Camp 3: July 22-27

**Step 4 Camper's Information:** Camper's FREE Tshirt Size: Youth S-L, or Adult S-2X (specify youth or adult ) \_\_\_\_\_

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

Home Phone \_\_\_/\_\_\_/\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Yr of Graduation \_\_\_\_\_ Grade Entering fall of 2019 \_\_\_\_\_

Parent 1(or legal guardian) \_\_\_\_\_ Relation \_\_\_\_\_ Cell Phone \_\_\_/\_\_\_/\_\_\_

Parent 2(or legal guardian) \_\_\_\_\_ Relation \_\_\_\_\_ Cell Phone \_\_\_/\_\_\_/\_\_\_

Parent 1 email \_\_\_\_\_ Parent 2 email \_\_\_\_\_

Preferred method of contact: E-mail US MAIL Camper e-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Hm Ph \_\_\_/\_\_\_/\_\_\_ Cell Ph \_\_\_/\_\_\_/\_\_\_

Church you attend \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Pastor \_\_\_\_\_

Cabin Mate request (up to four) \_\_\_\_\_

How did you hear about Bethany Camp: Church Friend Internet Bethanycamp.org Word of mouth

What School do you attend \_\_\_\_\_ Who referred you \_\_\_\_\_

Who can you camper be released to (photo ID required): Parents and emergency contact above YES NO

Others \_\_\_\_\_

**Step 5 Camper Health Information:** Bethany Camp has a nurse on site at all times during your camper's stay. It is our policy to notify the parent, guardian or emergency contact as soon as possible in the event of serious accident or injury. If your contact information changes before or during camp please update this information via your campers online account or via phone or email at the Bethany Camp office. Before your camper will be allowed to attend camp we will need a copy of their shot records. You can attach a copy with this form or email, fax or bring a copy to registration. **Bethany Camp will need a copy of the "Doctor's Orders Form" signed by a doctor in hand at the camp in order for your camper to receive any over the counter medication during their stay.** This form is available online via your online account, our website or by calling the camp office. **Prescription Medications:** If your camper will have prescription medications please bring the medicine in the labeled bottle to camp to give to the nurse.

**Step 6 Medication:** Please list any medications that are prescribed by a doctor. All prescribed medications must be given to the camp nurse in the original container that has the dosage on the label.

\_\_\_\_\_

\_\_\_\_\_

**Step 7 Payment Options:** You can make payments online or you can register online and send payment separately. You will be required to set up an online account or call the camp office to pay via credit card, debit card, or e-check. A \$75 nonrefundable, but transferable, registration fee is due in order to be considered registered. (If you register online and choose to pay by check method your child will be ENROLLED until the check arrives at camp. We will then change their status to registered after receiving the check.)

**Step 8 Payment details:**

Camp fee for this camper	\$ _____
(optional items) Bistro money	\$ _____
DVD (\$7)	\$ _____
Paintball (\$15/session)	\$ _____
Tshirt \$10	\$ _____
Hoodie (solid \$20, Tie Dye \$30)	\$ _____
Amount Paying Today	\$ _____
Discounts (see below)	\$ _____
Total Balance Remaining Due	\$ _____

Discounts: Before May 1st -\$25, First Time Camper -\$25,  
Refer a Friend - \$25 \_\_\_\_\_ (list name of  
friend referred), Paying by Cash/Check -\$10, Multi week  
camper -\$50

Please note that first time camper and referred friends are  
those that have not been to Bethany Camp for either of  
the last 2 years!

**Step 9 Consents and Signatures: Please Initial  
each line item and sign below.**

\_\_\_\_\_ In case of Medical Emergency, I give consent for the child I  
am registering, to Bethany Camp, to seek Emergency Medical  
Treatment by trained professionals and I will be contacted im-  
mediately.

\_\_\_\_\_ In case of an event requiring Basic First Aid care, I give con-  
sent for medical treatment, by authorized personnel, to Bethany  
Camp, for the child I am registering. I understand Bethany Camp  
will notify me at its earliest convenience.

\_\_\_\_\_ I understand that Bethany Camp does not offer secondary  
health insurance.

\_\_\_\_\_ I certify that the child I am registering has my permission to  
attend Bethany Camp.

\_\_\_\_\_ I give permission for the child I am registering, to have their  
photo's and or testimonial used for promotional purposes includ-  
ing being in the Week in Review Video.

\_\_\_\_\_  
Signature of parent or guardian



**Bethany Camp**

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