

BETHANY CAMP 2020 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 28th - July 3
___ Youth Camp 1: July 5-10
___ Youth Camp 2: July 12-17
___ Youth Camp 3: July 19-24

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 2020 _____

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 immediately.

_____ In case of an event requiring Basic First Aid care, I give consent 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 including being in the Week in Review Video.

Signature of parent or guardian



Bethany Camp

1633 Bates Rd

Sinclairville, NY 14782

Phone: 716-287-2848

Fax: 716-287-2216

Email: office@bethanycamp.org

Website: www.bethanycamp.org