

CAMP BENTLEY REGISTRATION AND HEALTH FORM

Name _____ Camp Attending _____

Parent's Name _____ Phone _____ Cell Phone _____

Address _____ City _____

State _____ Zip _____ Home Church _____

Age _____ Birthdate _____ Grade Entering _____ Gender _____

Nearest Friend or Relative _____ Phone _____ Cell _____

Doctor's Name _____ Phone _____

Insurance Company _____ Policy or Group# _____

Allergies _____

Medications _____

Medication Allergies _____

Additional Information _____

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Camp Bentley of Drake, ND, permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by the Camp Director and/ or the Camp Bentley Manager. I give my permission to those administering emergency treatment to do so using those measures deemed necessary. I absolve Camp Bentley from liability in acting on my behalf in this regard so long as Camp Bentley is not grossly negligent. I give permission for off-site activities. I understand my insurance has primary responsibility and the camp's insurance is secondary in paying any claims.

Parent or Guardian's Signature _____ Date _____

I hereby grant Camp Bentley permission to use my/my youth's likeness in a photograph in any and all of it's publications, without payment or any other consideration. I hereby certify that I am the parent/guardian of _____ named above, and do hereby give my consent on behalf of this person:

Parent or Guardian's Signature _____

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My child will leave his/her cell phone and other electronics at home. The camp phone will be available for emergencies.

Parent or Guardian's Signature _____

Please Send in Registrations TWO WEEKS BEFORE CAMP

Mail to: Camp Bentley, P.O. Box 102, Drake, ND 58736