



CAMPER/COUNSELOR REGISTRATION FORM

Name: _____ Male Female

Address _____ DOB ____/____/____

City _____ State _____ Zip _____ Grade in Sept _____

Phone _____ Email: _____

Parent's Cell Phone _____ Email _____

Church _____ Pastor _____

**** I agree to abide by ALL camp rules and dress code. I will be “willing “ and cooperative to comply in all areas. I understand violation to comply may result in dismissal from camp.**

Camper/Counselor Signature _____

All delegates will receive a camp t-shirt, water bottle, and a camp drawstring bag that is included in the total amount due.

SHIRT SIZE _____

Medical Form

PARENTS & COUNSELORS: ALL INFORMATION MUST BE FILLED OUT TO COMPLETE REGISTRATION

Any medicine allergies? (penicillin, etc) _____

Food Allergies? _____ **Skin Diseases?** _____

Any other pertinent information regarding: Heart: _____

Lungs: _____ **Throat:** _____ **Ears:** _____

Other: _____ **Medications:** _____

Parent's Insurance Company _____ **ID Number** _____

Insurance Company's Address: _____

In case of any accident or other emergency, I hereby grant my permission to have the camp staff authorize medical attention by a physician or admit my camper to the hospital if necessary. I do not hold Bella Vista Baptist Church, Bella Vista Baptist Camp, or any other staff responsible for any accident or injury that should occur. (The camp staff will notify you immediately of any such occurrence.) I also give my permission to use photos of my camper in camp publicity.

Parent / Gaurdian Signature _____

Signed

Printed

Dated

(Those registering above 18 years of age [including counselors] must also sign for themselves.)