

## Bethlehem Camp Student Ministries

2023 Summer Camp Registration Form

Registration Deadline: **June 1, 2023**

Intermediate (Grades 4 <sup>th</sup> - 6 <sup>th</sup> )	Middle School (Grades 7 <sup>th</sup> - 8 <sup>th</sup> )	High School (Grades 9 <sup>th</sup> - College Freshmen)	Young Adult (College Sophomore & up)
---	--	---	--

(Circle the program according to the grade you will enter in the fall.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: M or F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Contact Phone#: ( ) \_\_\_\_ - \_\_\_\_

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

Church Name & Pastor: .....

Please list the name of the person who will drop off this camper: \_\_\_\_\_

Please list the name of the person picking up this camper: \_\_\_\_\_

**\*\*Due to increased security measures, those picking up campers must be listed above & show ID\*\***

---

I plan to attend for the entire encampment. (Friday, June 23 - Friday, June 30, 2023 )

The cost is \$290.00 if postmarked no later than June 1, 2023. The cost will be \$315.00 if postmarked **after** June 1, 2023. If there are more than two children attending from the same family, the cost will be \$250.00 per camper. **Please do not overnight any forms past June 1, 2023**

**\*\*For large groups or groups coming with adults - all youth money needs to be sent to the address on this form. Please do not send youth money in with adult registration money.**

\_\_ I plan to attend only for the following days. List the dates: \_\_\_\_\_

The cost is \$50.00 per day+ \$10.00 for at-shirt.

(I understand that in the event that the program is full, priority will be given to full time campers.)

T-shirt for all paid campers:

T-shirt Size: CHILD/YOUTH: S M L

ADULT: S M L XL XXL

**(\*\*Whatever size you choose will be the size of the shirt you receive. Please select carefully.\*\*)**

---

Parental Permission/ Consent Form

*In case of emergency:*

Parent or Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: h: (\_\_\_\_) \_\_\_\_\_ w: (\_\_\_\_) \_\_\_\_\_ c:(\_\_\_\_) \_\_\_\_\_

E-mail address: .....

As parent or legal guardian of \_\_\_\_\_ (child's name), I give my permission for him/her to participate in all activities scheduled, sponsored, and conducted by the Bethlehem Family Camp Youth leaders, except the following activity \_\_\_\_\_.

I understand that if my child becomes seriously ill or is seriously injured, Bethlehem Camp leaders will use their best judgment in caring for him/her and notify the contact listed above as soon as possible.

I give permission to Bethlehem Camp to use my child's image for promotional materials.

Please circle one:            YES            NO

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Camper's Covenant

I, as a participant in Bethlehem Camp, will cooperate in every way with the leaders of this camp. I will involve myself in the camp activities offered. I will not bring or use tobacco, alcohol or drugs, except for those prescribed drugs listed in my name, which I will trust to the nurse in charge, specifically for prescribed medical purposes. I will be responsible to the adult leadership of the camp for the duration of the camp. I agree to wear my armband at all times. I will remember that this is a Christian camp and I will dress modestly. I will behave as a Christian person, the final interpretation of which is reserved for camp leaders. I understand that any electronics I bring (including iPods, cell phones, etc.) will be taken up and returned at the completion of camp.

Camper Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

\*\*ENCLOSE IF MAILING:

1. Check made payable to Bethlehem Camp
2. Photocopy of your medical insurance card
3. Remember NO overnight mailings past June 1
4. Mail registration form to:  
Cindy Dunaway  
303 Alberta Street  
Enterprise, AL 36330  
Questions? Call Cindy Dunaway at 334-447-4031



**Routine Medications:**

#pills/liquid brought to camp  
(to be completed by camp nurse during camp registration)

Med: _____	Dose: _____	Time of doses/ _____	Frequency _____
Med: _____	Dose: _____	Time of doses/ _____	Frequency _____
Med: _____	Dose: _____	Time of doses/ _____	Frequency _____
Med: _____	Dose: _____	Time of doses/ _____	Frequency _____
Med: _____	Dose: _____	Time of doses/ _____	Frequency _____

(please list any additional medications on a separate page) Frequency

**ALL MEDICATION SENT TO CAMP MUST BE IN ORIGINAL CONTAINER WITH THE PHARMACY LABEL ON IT**

I understand that it is my responsibility as caregiver to make sure that all instructions are clear and that the necessary dosage is adequately supplied for the duration of the camp. I hereby authorize Bethlehem Family Camp's nurse to administer the above medications from Friday,, 06/23/2023 to Friday, 06/30/2023..

**PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS**

I hereby give the Bethlehem Family' Camp Nurse Practitioner/Registered Nurse/Licensed Practical Nurse permission to administer the following products according to manufacturer's instructions, or as otherwise specified. I trust the BFC Nurse to use his/her best judgment as situations arise, and if in doubt, he/she can call for verification.

Please check YES or NO for the medications listed below.

YES	NO		Specify if desired:
<input type="checkbox"/>	<input type="checkbox"/>	Sunblock	_____
<input type="checkbox"/>	<input type="checkbox"/>	Insect Repellent	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lip Balm	_____
<input type="checkbox"/>	<input type="checkbox"/>	Rash ointment/Anti-itch cream	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antiseptic spray/ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Band-Aids / Bandages	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hydrogen Peroxide/ Betadine	_____
<input type="checkbox"/>	<input type="checkbox"/>	Anti-diarrhea medication	_____
<input type="checkbox"/>	<input type="checkbox"/>	Pediatric laxative	_____
<input type="checkbox"/>	<input type="checkbox"/>	Anti-gas medication	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough Syrup/strips or cough drops	_____
<input type="checkbox"/>	<input type="checkbox"/>	Sore throat spray/drops	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antihistamine (Benadryl/Claritin)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Decongestant	_____
<input type="checkbox"/>	<input type="checkbox"/>	Acetaminophen (Tylenol)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ibuprofen (Advil/Motrin)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ear drops for swimmers ear /earache	_____
<input type="checkbox"/>	<input type="checkbox"/>	Visine/Saline eye drops	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Other (please specify)</b>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Other (please specify)</b>	_____

Parent or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

(The following is to be completed by camp nurse during camp registration)-Nurse Signature \_\_\_\_\_

Medications reviewed with (person bringing child to camp) \_\_\_\_\_ Date: \_\_\_\_\_