

BANDINA CHRISTIAN CAMP REGISTRATION FORM
 Pre-registration and payment required. Campers can NOT register at camp.

Name: _____ Age: _____ Sex: M F
 (At start of camp)

Address: _____

City _____ State _____ Zip _____

Hm Phone: (____) _____ Wk Phone: (____) _____

Parent E-mail: _____

Birth date: ____/____/____ Entering Grade: _____

Parent's (Guardian's) Name: _____

Parent's (Guardian's) Address (if different): _____

Home church: _____

Emergency Contact: _____

Camp Bandina is concerned with camper safety. Campers will be released at the end of the week only to persons you authorize here: _____

EXTRA CLASS – All campers should select from the following extra class options. Assignments will be made and classes will fill on a first come basis. Mark your top 3 preferences:

___ Scrapbooking ___ Drama ___ Chorus ___ Men's Bible
 ___ Women's Bible ___ Faith Quest ___ Strengths Quest ___ Creation Science
 (14 -18 yr. olds only)

T-Shirt Size: (circle one) Child: M L Adult: S M L XL XXL

I, as a camper, have read the registration form and understand what I am allowed to bring with me to camp and what I am allowed to do at camp. I will follow these rules and regulations of camp. I understand that these rules are set to insure my safety and that of fellow campers. I will obey the instructions of camp counselors and directors. I understand that failure to comply with camp policy will result in my parents being notified and/or my being sent home.

_____ / /
 Camper's signature date

For Office Use Only:

Deposit Included: \$ _____	Canteen Included: \$ _____
Check #: _____	Date received: _____

Bandina Christian Youth Camp NURSE INFORMATION —2007

Name of Camper _____ Date of Birth ____/____/____

Address _____
 (Street, City, State, Zip)

Parent or Guardian's Name _____

Address (if different) _____ HmPh # _____

Wk Ph # _____ Cell Ph # _____

Do you have medication or food allergies? _____ If yes, what? _____
 Please describe reaction (i.e. rash/difficulty breathing..)

Do you give permission for your camper to take non-prescription medication at camp: Y _____ N _____
 Parent, please sign: _____

Past Medical History: Please answer yes or no to each, explain on separate sheet if necessary.

a. Heart problems _____ b. Kidney or bladder problems _____
 c. Lung (i.e. asthma) _____ d. Neurological or mental _____
 e. Diabetes or thyroid _____ f. Stomach/intestine/liver _____
 g. _____
 Other _____

Have you had surgery within the last year ? _____ if yes, please describe.

Do you have special medicine with you? _____ If yes, please list all prescription and non-prescription medications you will bring to camp. NOTE: All meds, must be in original containers. All prescription medications must have original pharmacy label on container with camper's name in order to be dispensed at camp. List daily and as needed medications your child will/may take at camp.

Name of Med.,	Strength (mg),	Time to be taken,	Reason for med:
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

ALL meds must be in original container with the camper's name on the label in order to be dispensed at camp.

*Have you had a tetanus shot within the last six months? _____
 *Have you had or been immunized for Measles: _____ Mumps _____ Chicken Pox _____
 Diphtheria _____ Whooping Cough _____ Other _____

I/We here by give permission for the director and/or camp nursing staff to take _____ to the hospital or to see a doctor in case of accident or sickness and to receive medical treatment as prescribed by an attending physician. I/We also acknowledge an understanding that camper health information may need to be shared with camp staff to ensure a safe camp experience. Confidentiality of camper health information is an important aspect of providing camp health care, along with keeping camp staff informed of camper needs. I/We understand the youth camp will not be held responsible for this camper, and I/we will never bring any legal action against Bandina Christian Youth Camp, Inc., its staff members, or participating churches
 Signed: _____ Date ____/____/____

I/We give permission for _____ to swim while at camp. In case of an accident I/we give authority and consent for medical and surgical treatment as needed in the judgment of treating physicians. I/we also agree to never bring any legal action against Bandina Christian Youth Camp, Inc., its staff members, or participating churches.
 Signed: _____ Date ____/____/____