

SUMMER CAMP REGISTRATION

To register on-line go to www.miraclebible.com



CAMPER INFO

Last Name _____ First Name _____

Grade (Upcoming Fall) ____ 1st Time Camper? Yes No

Birth Date ____/____/____ Male Female

Roommate Request _____

PARENT/GUARDIAN INFO

Note: List only persons who are authorized to approve medical treatment or to make other decisions for the camper. Please notify the camp of any potential custodial concerns.

Father _____

Mother _____

Address _____

City _____ State _____ Zip _____

Parent Email _____

Home Ph () _____ Cell () _____

Is this a new home address? Yes No

Home Church _____

Pastor's Name _____

ALTERNATIVE CONTACT INFO

Note: List additional person who may be able to help us reach parent or guardian.

Name _____

Home Ph () _____ Cell () _____

Relationship to Camper _____

CAMP INFO

NOTE: A \$50 min. deposit must accompany this form. Financial aid is available by request for those who need assistance to attend camp. Please make your request on the registration form below or by email.

Circle T-Shirt Size: Youth S M L Adult S M L XL

NOTE: Free T-shirt as long as supplies last

Camp Session Name _____

\$ _____ Camp Fee (Discounted price if registered by 4/1)

– _____ Enclosed Deposit (Min. \$50)

– _____ Assistance Requested (\$25, \$50, \$100, Other?)

= _____ **Balance Due** (On or Before Arrival)

HEALTHCARE INFO

Healthcare Information below MUST be submitted with a guardian signature to complete this registration.

Family Doctor _____

Hlth Insur. Co. _____ Pol. #: _____

(Parent's health insurance must pay for illness that is treated while the child is at camp. Our camp carries limited accident insurance which pays for the cost of treating an accident if the parent's insurance does not.)

Health History (Please check all that apply):

- Ear Infection Bowel Problem Bed-wetting
 Strep Throat Diabetes Respiratory Problem
 Asthma Heart Problem Epilepsy

Other: _____

Allergies: _____

Medically Required Special Diet:

- Gluten-Free Diabetic Lactose-Intolerant
 Other: _____

Medications (Include **Name, Dosage, Instructions, etc.**):

Medications must be labeled and in original container (NO other types of containers). Meds will be turned in to the camp nurse at registration.

Consent to Medicate:

May the camp staff give Tylenol or non-aspirin product as needed for headache/pain? Yes No

May the camp use calamine lotion for bug bites or antibiotic ointment and/or hydrogen peroxide as needed for cuts, burns, etc.? Yes No

Date of Last Immunization: Actual Date (Month/Date)

DTP/Tetanus (Date) _____ MMR (Date) _____

I hereby:

- Affirm there is no need for a doctor's examination prior to camp based on current health or that such an exam will be obtained with recommendations supplied to camp staff.
- Authorize camp staff to give medications based on the above instructions.
- Authorize qualified camp personnel to give emergency medical care and determine the need for a physician's service.
- Release Miracle Bible Camp, its staff and volunteer workers from any liability or claims which may arise related to my child's participation in programs or trips sponsored by Miracle Bible Camp.

I authorize Miracle Bible Camp to use photos and videos of my child for promotional purposes. Yes No

Parent/Guardian Signature

Date

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