

Winterama 2011: Living Water

Personal Information

Name of Camper: _____
Last First

Address: _____

City: _____ ST: _____ Zip: _____

Parent/Guardian: _____

Phone: _____

Home: _____ - _____ - _____

Work: _____ - _____ - _____

Cell : _____ - _____ - _____

Parent Email: _____

Date of Birth: ____ / ____ / ____ Age: ____ Sex: M F

Grade: ____ Height: ____ Weight: ____

Emergency Contact (other than Parent or Guardian)

Name Phone

Health Information

Physician Phone _____

Dentist Phone _____

Insurance Carrier Policy/Group No. _____

Please check and date any History of the following

____ Frequent Ear Infections

____ Heart Defect/Disease

____ Chicken Pox _____ Diabetes

____ Mononucleosis _____ Asthma

____ Convulsions/Seizures

____ Measles/Mumps

____ Eating Disorders

____ High Blood Pressure

____ Bleeding/Clotting Disorders

____ Psychiatric Treatment

____ Atten. Deficit Disorder

Allergies

____ Hay Fever ____ Poison Ivy

____ Insect Stings ____ Penicillin

____ Plants (Specify) _____

____ Drugs (Specify) _____

____ Foods (Specify) _____

Other Allergies _____

Has this camper ever been hospitalized?

Explain _____

Operations or serious injuries?

Explain _____

Disability or chronic or recurring illness?

Explain _____

Activities limited by a physician?

Explain _____

Current medications and instructions

Emergency Treatment Authorization

I hereby give permission to the medical personnel selected by the Camp Director or designee to secure and administer treatment, and necessary transportation for the camper named above. I give permission for photos of my child to be used in Camp Bethel publications. I understand the risks involved in winter activities and understand that I am responsible for primary insurance coverage.

Signature of Parent or Guardian Date
(or self if 18 or older)

Winterama Dates

Please Check one.

____ Grades 3—6: Dec. 28th—30th

____ Grades 7—12 : Dec. 30th—Jan. 1st

***Check in Begins at 3:00 pm on the first day of the selected camp.**

***Departure is at 2:00 pm on the last day of camp.**

FEE: \$75

Send Registration and fee to:
Camp Bethel
PO Box 70
Dayton, WY 82836

