

Registration for Camp 2011

Please send this form with your registration fee

Name of Camper: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Grade Completed: _____ Church: _____

(Optional) One friend I would like to be in the same cabin with: _____

We ask that registrations be sent in by May 15th. We anticipate that the camp will be full again this year. Registrations will be taken on a first come/ first serve basis.

Health Information

Date of last Tetanus Booster: _____

Medications needed for what and usage: _____

Know Allergies: _____

Menu Restrictions: _____

Camp Activity limitation: _____

Designated Adult

Emergency contact-parent, legal guardian or other adult

Name: _____

Relationship to Camper: _____

Home phone: _____ Work: _____

Cell: _____ Other: _____

Emergency medical care authorization

I understand that all due precaution will be taken, but in spite of this, accidents can happen and illnesses develop; therefore, I will not hold camp leaders or directors liable for an illness or accident resulting from the above named child's camp experience. In case of a medical emergency, I hereby give permission to the physician selected by the camp leaders or directors to hospitalize, and secure proper treatment for and to order injection, anesthesia, or surgery for the child named above.

Parent or Guardian's Signature: _____

Date: _____

_____/_____/_____

Camp Rules:

No non- prescription drugs, alcohol or tobacco. Modesty in dress is always expected. No inappropriate ads on shirts. Please leave radios, I-pods, CD players, laptops, etc. at home.

Cost: \$300.00 (campers riding the Ebenezer bus pay \$260.00 for camp + \$40.00 for bus)

***** only 1 suitcase, 1 backpack, sleeping bag and pillow for each camper ******

Make checks payable to:

Lennox Ebenezer Presbyterian Church

~ Do not send any extra money for day away activities etc. with this form.

Send registration and payment to:

**OPC PCA Bible Camp
c/o Lennox Ebenezer Presbyterian Church
PO Box 632
Lennox, SD 57039**

(For office use only)

Date received: _____

Amount Paid: _____

Cash Check No. _____