



**BEAR LAKE CAMP RECHARGE: JR. HIGH RETREAT**

**REGISTRATION FORM**

**COST: \$50 PER CAMPER IF RECEIVED BY JANUARY 15  
\$60 IF RECEIVED AFTER – EARN EXTRA \$10 DISCOUNT FOR  
BRINGING A FRIEND THAT HAS NEVER BEEN TO BEAR LAKE CAMP!!**

**SHIRT SIZE: S M L XL XXL**

**NAME** \_\_\_\_\_ **M F**

**ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**PHONE (\_\_\_\_) \_\_\_\_\_ GRADE \_\_\_\_\_**

**BIRTHDATE** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**NAME(S) OF PARENT(S)/GUARDIAN(S)** \_\_\_\_\_

**HOME CHURCH** \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_

**RELATIONSHIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_**

**HEALTH PROBLEMS (CIRCLE ALL THAT APPLY)**

**ASTHMA    DIABETES    HEART    SEIZURES**

**HEADACHES            A.D.D./A.D.H.D.**

**EAR PROBLEMS    OTHER: \_\_\_\_\_**

*PLEASE EXPLAIN EACH CHECK. ADD PAGE IF NECESSARY.*

**DATE OF LAST TETANUS BOOSTER** \_\_\_\_\_

**FAMILY DOCTOR/PHONE** \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

**MEDICATIONS** \_\_\_\_\_

**SPECIFIC RESTRICTIONS** \_\_\_\_\_

*THIS HEALTH HISTORY IS CORRECT SO FAR AS I KNOW, AND THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL PRESCRIBED CAMP ACTIVITIES, EXCEPT AS NOTED BY ME ABOVE. IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE MY PERMISSION TO THE PHYSICIAN SELECTED BY BEAR LAKE CAMP TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND ORDER INJECTION, ANESTHESIA, OR SURGERY FOR MY CHILD AS NAMED ABOVE. I UNDERSTAND THAT BLC PROVIDES SECONDARY INSURANCE.*

**SIGNATURE/DATE** \_\_\_\_\_

**INSURANCE PROVIDER** \_\_\_\_\_

**POLICY #** \_\_\_\_\_