



BEAR LAKE CAMP DEFROST: SR. HIGH RETREAT

REGISTRATION FORM

**COST: \$60 PER CAMPER IF RECEIVED BY DECEMBER 11
\$70 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 # _____