

# RECHARGE

## BEAR LAKE CAMP RECHARGE: JR. HIGH RETREAT REGISTRATION FORM

COST: \$60 PER CAMPER IF RECEIVED BY JANUARY 14  
\$70 IF RECEIVED AFTER - AND 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 # \_\_\_\_\_