

Defrost



Bear Lake Camp Defrost

Sr. High Retreat - January 5-7, 2024

Registration Form

Cost: \$80 per camper (includes a shirt)

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 # _____