

# Camp Beth-Eden 2010 Registration

Name \_\_\_\_\_  
Age \_\_\_\_\_ Birth date \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Phone \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
Address (if different) \_\_\_\_\_ Phone (if different) \_\_\_\_\_  
Name and City of church you are attending camp with \_\_\_\_\_

## Health Record and Permission

*To be completed and signed by parent or guardian*

Insurance Company \_\_\_\_\_ Group & Personal # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Childhood Diseases \_\_\_\_\_ Date of Last Tetanus \_\_\_\_\_  
Operations & Year \_\_\_\_\_  
Allergic Reactions (food, drugs, poison ivy/oak, insect stings)  YES  NO  
If yes, please list allergies, reactions, and treatment \_\_\_\_\_

Does Camper:  Sleepwalk  Bed wet  Faint  
Does Camper Have:  Epilepsy  Diabetes  Asthma  
Explanation for any of the above: \_\_\_\_\_  
Medications (include name, current dosage, and reason for taking): \_\_\_\_\_

I give my permission for the person named above to receive (parent, please initial for permission):  
Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Sinus Medication \_\_\_\_\_ Antacid \_\_\_\_\_ Other (name & initial) \_\_\_\_\_  
If more room is needed for special medical care, medication or treatment, check here   
and attach a letter of explanation.

*I give my permission for Camp Beth-Eden to secure emergency medical and surgical treatment and routine, non-surgical medical care for my child while at camp. I further release Camp Beth-Eden from all liability of bodily and personal injury. I certify that my child has my permission to attend camp and receive the Bible-based instruction provided. I also give Camp Beth-Eden permission to use pictures including my child in organizational publicity.*

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(must be signed by parent/guardian)