

## Bethlehem Camp SonSeeker Registration Form

June 20-27, 2008

Larry and Peggy Moore 5046 Peanut Road Graceville, FL 32440

850-263-2507

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Bethlehem Website: [www.bethlehemcamp.com](http://www.bethlehemcamp.com)

Sonseekers are boys and girls rising to the 4<sup>th</sup>, 5<sup>th</sup>, or 6<sup>th</sup> grade this fall. Larry and Peggy Moore of Graceville direct the program. The Sonseeker program is designed specifically for this age group to teach about Jesus and Christian virtues. The Sonseekers are kept very busy throughout the entire week with activities such as daily pool time, devotions, sports time, crafts, music, camp projects and lots of fun. Your child will be watched carefully throughout the week, as all activities are adult supervised. A nurse is on duty during the entire encampment. Many times children, particularly those who have never been away from home, get homesick. We deal with this every year. We will strongly encourage your child to stay at camp all week and we usually have pretty good luck in convincing them to stay especially if we can get them through that first couple of days and nights. Please talk with your child the weeks before camp in an encouraging and positive way about staying at camp all week. Assure them they WILL be able to call you in the event of an emergency. We do NOT encourage daily phone calls home, but we will definitely call if there is a problem or emergency. If you can, encourage your child to bring a friend, cousin, church or school buddy, this helps ease the anxiety of "not knowing anyone" at camp. I can assure you that your child will be loved and cared for the entire week and our goal will be to make sure they have an enjoyable week learning about Jesus, singing songs, playing and meeting new friends, many of whom will turn out to be for a lifetime. We look forward to having your child in the Sonseeker program. - - -Larry and Peggy Moore.

Please complete the information below and return this registration form by June 01, 2007 to the above address.

1. Camper Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_
2. Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Your email address: \_\_\_\_\_
4. Birth date: \_\_\_/\_\_\_/\_\_\_ age \_\_\_\_\_ male or female \_\_\_\_\_ grade entering this fall 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> \_\_\_\_\_
5. Parent/Guardian: \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
6. Mothers work phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fathers work phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
7. Mothers cell phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fathers cell phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
8. Other emergency names/numbers: \_\_\_\_\_
9. Will the camper's parents/guardians be traveling away from home during camp week? \_\_\_\_\_ If yes, you MUST provide locations/phone #'s where parents/guardians may be reached: \_\_\_\_\_
10. Name and address of your home church: \_\_\_\_\_
11. T-shirt size: \_\_\_\_\_ Youth small \_\_\_\_\_ Youth med \_\_\_\_\_ Youth large \_\_\_\_\_ Youth x/lrg

**Camp Fees:** \$150.00 for the entire week. This includes lodging, food, T-Shirt, and craft supplies. YOU MUST SEND PAYMENT WITH YOUR REGISTRATION. CHECK OR MONEY ORDER MADE OUT TO BETHLEHEM CAMP. Please indicate on your check or money order that it is for the Sonseeker program. If your church is paying for your child, or for several children, please ask them to send a note with the check indicating whom they are paying for.

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What should the camper bring to camp?

Bible	Pen and Pad	Play Clothes	Dressier clothes for Sunday and evenings
Socks	Shoes	Towels/Bath cloths	One piece swim suit
Open Heart	Insect repellent	Sun Screen	Sheets and pillow
Combination Lock	Personal items such as toothpaste & brush, shampoo, comb, deodorant,		
Caring heart	Mesh type of bag for dirty clothes	happy heart	
Spending money for gift shop and concession stand		small disposable camera	

BE SURE TO LABEL EVERYTHING. THIS MEANS EVERYTHING INCLUDING UNDERWEAR, WITH YOUR CHILDS NAME OR INITIALS.

What should the camper NOT bring?

CD player or other type device                      TV                      Radio  
 Expensive things..... We have never had a problem with things being stolen, but we have had problems with things being damaged.

**Emergency Medical Information\*\*\*\*Very Important\*\*\*\***

Does your child have, has had, or is subject to: Asthma\_\_\_\_\_ If yes, do they use an inhaler/nebulizer treatments\_\_\_\_\_ Diabetes\_\_\_\_\_ If yes, are they on medication? Heart trouble\_\_\_\_\_ Bleeding\_\_\_\_\_ Nose bleeds\_\_\_\_\_ Ear infections\_\_\_\_\_ Swimmers Ear\_\_\_\_\_ If yes, are you sending drops for before and after swimming? Other infections?\_\_\_\_\_ Seizure disorder\_\_\_\_\_ On medication?\_\_\_\_\_ Stomach problems\_\_\_\_\_ Hearing problems?\_\_\_\_\_ Wear hearing aides?\_\_\_\_\_ Vision problems?\_\_\_\_\_ Wear glasses or contacts?\_\_\_\_\_ Bed wetting?\_\_\_\_\_ Drug Allergies?\_\_\_\_\_ If yes, what?\_\_\_\_\_ Food allergies? If yes, what?\_\_\_\_\_ Insect allergies? If yes, what?\_\_\_\_\_ Do they have emergency medication in case of a bite?\_\_\_\_\_

Please explain any yes answers: \_\_\_\_\_

Are you aware of any current health issues? \_\_\_\_\_  
 Medication List:

Name of Medication	Reason Taking	Dosage	Time

ALL MEDICATIONS BROUGHT TO CAMP MUST BE IN THE ORIGINAL CONTAINER, HAVE THE CHILD'S NAME, MEDICATION NAME, PHYSICIAN NAME, DOSE, AND FREQUENCY LISTED ON THE BOTTLE.

We have a very limited over the counter medication supply for minor aches and pains. For example, we have Tylenol or Ibuprofen for headache/earache/other minor aches. We have Pepto Bismol/Tums for minor stomach ailments. We have antibiotic ointment for minor scrapes. Do you authorize the camp nurse to use these OTC medications for these type ailments? And do you authorize the camp nurse/camp leaders to deliver first aide to other minor ailments as they deem necessary should your child need first aide?  
 Yes No (circle one)

Signature of parent/guardian: \_\_\_\_\_

\*\*\*\*Date of your most recent Tetanus Immunization\_\_\_\_\_ (we do recommend that your child have an up to date Tetanus shot...You may check with your physician regarding this).

\*\*\*\*Family physician name and number:\_\_\_\_\_

\*\*\*\*Has it ever been necessary to restrict your child's activity for medical reasons?\_\_\_\_\_ If yes, please explain:\_\_\_\_\_

\*\*\*\*Any swimming restrictions? Yes No Any activity restrictions? Yes No

As we said, a nurse is on duty throughout the entire encampment and will be available for medical needs and administer medications. Any and all medications will be checked in with the nurse upon arrival to the camp. If your child is being brought to camp by a youth director or other adult persons, please give those medications to the adult to be given to the nurse at check in. **NO CHILD IS ALLOWED TO KEEP MEDICATION IN THEIR ROOMS.** This is for the safety of all the campers.

This health history is correct as far as I know. Camper has permission to engage in all camp activities except as noted by me in writing. I authorize the camp nurse to administer medications to my child as directed on the bottles prescribed and as I have given permission throughout this registration. In the event I cannot be reached in an emergency, I hereby give permission to Bethlehem Camp Leaders to use their best judgment in caring for my child and notify the contact listed as soon as possible.

Parent or Guardian signature:\_\_\_\_\_

### **\*Insurance Information\***

Bethlehem Family Camp's camper insurance is for ACCIDENTS only. You will need to provide a copy of your child's health insurance card. You may attach the copy to this registration form.

Name of insurance company:\_\_\_\_\_ Policy number:\_\_\_\_\_

Company address:\_\_\_\_\_

Name of member:\_\_\_\_\_ Group # \_\_\_\_\_

SSN of camper:\_\_\_\_\_

\*\*\*\*\*If the camper is not covered by insurance, check in the space provided and sign. Your signature verifies your responsibility for any medical expenses incurred due to illness at this camp.

Camper has NO insurance\_\_\_\_\_ Signature of parent or guardian:\_\_\_\_\_

PLEASE NOTE: Bethlehem Camp's insurance does not cover any pre-existing conditions. All accidents or illnesses must be reported to the Camp Leaders at the time of occurrence.

#### **MEDIA RELEASE:**

I agree that any photographs or video of my child taken at camp may be used by Bethlehem Family Camp for art, advertising, or promotion.

Signed \_\_\_\_\_ Parent or Guardian

**BETHLEHEM FAMILY CAMP  
PARTICIPATION, RELEASE, WAIVER AND INDEMNITY AGREEMENT**

While Bethlehem Family Camp makes every effort to provide a safe and pleasant environment for every child, we do require that this particular agreement be read, filled out, signed by the parent or guardian, dated and notarized for each child in the Sonseeker program who wishes to participate in the activities which occur at Bethlehem Camp.

I, the undersigned, give permission for my son or daughter to participate in the activities that occur at Bethlehem Family Camp, and on or around Bethlehem Camp. These activities include, but are not limited to, swimming, sports such as kickball, softball, volleyball, inflatable houses, basketball, and competition games. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur.

Although Bethlehem Family Camp has taken reasonable steps to provide equipment and responsible volunteer staff so your child can participate in activities for which he or she chooses, we must remind you that these activities are not without risk. Certain risk cannot be eliminated due to the nature of the activity. We, of course, do not want to lessen your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

I, on behalf of myself, my children, my assigns, and my estate, agree to release and hold harmless Bethlehem Family camp, it's Officers, Board, Agents, or Employees, Volunteer staff, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Bethlehem Family Camp or on or around the camp. This release does not apply to intentional and/or willful acts of misconduct by camp staff or any of its Officers, Board, Agents, Employees, or Volunteer staff.

Should Bethlehem Family Camp, or anyone acting on their behalf, be required to incur attorney's fees costs to enforce this agreement, I agree to indemnify and hold Bethlehem Family Camp harmless for all such fees and costs

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and or my child may be found by a court of law to have waived any right to maintain a lawsuit against Bethlehem Family Camp on the basis of any claim which s been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_