

Ponderosa Bible Camp Summer 2008 Registration Form

I will attend week of: _____ () Boy () Girl
 First & Last Name Camper goes by: _____
 Mailing address: _____
 City: _____ Birth date: _____
 State: _____ Zip: _____
 Age _____ Grade Completed in school: _____ T-Shirt Size: _____
E-mail address: _____
 Parent/Guardian: _____
 Home Phone: _____ Emergency # _____
 Church: _____
 City: _____ St: _____
 School: _____ City: _____
 Roommate Preference: _____

Cabin Assignments can NOT be changed after your arrival!
 (Same gender **SIBLINGS** are placed together **unless otherwise indicated**)

	Add Totals
Deposit \$50 (Non-Refundable) <u>OR</u>	
Payment-in-Full (includes \$50 Non-refundable Deposit) (This will save you some time at Check-In) (Mail Before May 1st to receive Free Summer Theme T-Shirt)	
Missionary Speaker's Support (See brochure for details)	+
Camper's Spending Money (\$30 minimum suggested) For Snacks, Souvenirs, & Crafts (\$40-\$60 recommended)	+
Camp T-Shirt: Solid Colors - \$12 Tie Dyed Styles - \$15 *Summer Theme* T-Shirt is FREE if you pay-in-full before May 1st	+
Horseback Riding 1 ride - \$20 2 rides - \$35	+
Souvenir Photo CD—\$15 (Includes at least 200 digital photos from the week, including Group & Cabin Photos)	+
Bring-A-Friend Discount (See brochure for rules)	-
Mailbox Club Scholarship (Certificate Required)	-
TOTAL \$	

Office Copy

Please fill out both sections completely - DO NOT SEPARATE

Medical Record: Summer 2008

Camper's Full Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Age: _____ Birth date: _____ Height: _____ Weight: _____ Sex: M or F
 List any Allergies (foods, medications, bee stings, etc): _____
 List any **activities that should be restricted** due to current medical condition: _____
Check all that apply - Camper has problems with: () Heart () Ears () Asthma () Depression () Eating Disorder () ADD/ADHD
 () Seizures () Diabetes or Low Blood Sugar () HIV Positive () Hepatitis - Type: _____ () Other _____
 () Head Lice - Notice: **Every camper will be checked for head lice upon arrival, any camper found with lice will be sent home immediately!**
 Are camper's immunizations up to date? _____ Date of last Tetanus or DPT shot: _____ Date of last physical: _____
 Family Doctor/Pediatrician: _____ Phone: _____
 Does Camper have medical insurance? () Yes () No If yes, please give Insurance information:
 Insurance Company: _____ Policy # _____ Group # _____
 Parent/Guardian Name: _____ Emergency Phone #'s _____

Nurse's Copy
For Office Use Only: Cabin # _____ Week: _____

MEDICAL RELEASE: This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities. I understand that neither the camp nor the insurance company will be responsible for medical treatment or liability for any conditions existing prior to my child arriving at camp. **EMERGENCY AUTHORIZATION:** I hereby give permission to the first aid personnel selected by the camp to provide standard first aid care and administer over the counter medications; and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to order x-rays, routine tests, hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above. **PROMOTIONAL RELEASE:** I hereby give my permission to use pictures/videos in any promotional material in which my child may appear.

Parent/Guardian **SIGNATURE REQUIRED:** _____ Date: _____

Parents, please list Medications Camper will be bringing to camp - Please explain dosage and reason for taking:

1. _____
2. _____
3. _____