

2010 Ponderosa Bible Camp Retreat Registration Form

I will attend the Elementary Retreat or Teen Retreat; I am a Boy Girl

Name Camper goes by (First): _____ (Last): _____

Mailing address: _____ Age _____

City: _____ Birth date: _____

State: _____ Zip: _____ Grade in school: _____

Parent's E-mail address: _____

Parent/Guardian: _____

Home Phone: _____ Emergency # _____

Church: _____

City: _____ St: _____

School: _____ City: _____

Roommate Preference: _____

Office Copy

Deposit (Non-Refundable) (pay balance at Check-In)	\$25	\$
<u>OR</u> Pay Registration in Full (\$25 is Non-refundable)	\$55	\$
Spending Money (Snacks & Gifts) * Suggested amount \$15 or more		\$
Retreat Souvenir Photo CD (over 150 photos)	\$10	\$
Horseback Riding	\$20	\$
TOTAL ENCLOSED	\$	
Balance Due at Check-In	\$	

Cabin Assignments will be made before you arrive and WILL NOT be changed after your arrival!

(Same gender siblings are usually placed together unless otherwise requested)

Please fill out both sections completely - DO NOT SEPARATE

Camper's Medical Record: 2010

For Office Use Only: Cabin # _____ Retreat: _____

Camper's Full Name: _____ M or _____ F

Mailing Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birth date: _____ Height: _____ Weight: _____ lbs.

List any Allergies (foods, medications, bee stings, etc): _____

List any medical problems or any activities that should be restricted: _____

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!

Please note: We have a ZERO Tolerance policy for lice and nits, Dead or Alive! Campers must be 100% lice and nit free! Check before you come!

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 _____

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.

Date: _____ Parent/Guardian SIGNATURE REQUIRED: _____

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

Nurse's Copy - Remains with Nurse in the event of an emergency.