

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: _____

Parent's 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 only (Non-Refundable)	\$50	
Camp Fee paid-in-full (includes \$50 Non-refundable Deposit) (Shorter line at Check-In! (after head lice check)) (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: Various styles - \$12 - \$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 - one for the Camp Nurse, one for the Office

Nurse's Copy

Medical Record: Summer 2010

Camper's Full Name: _____ M or _____ F

Mailing Address: _____ City: _____ State: _____ Zip: _____

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

List any activities that should be restricted due to current medical condition: _____

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

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!

We have a ZERO TOLERANCE POLICY for lice and nits. Camper must be 100% lice and nit free (dead or alive). Please check before you arrive!

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:

For Office Use Only:
Cabin # _____
Week: _____

If you use a web based email you will need to save this form to your computer and manually attach it to an email. Send to web@ponderosabiblecamp.com. If you use Outlook or other desktop apps it will automatically open when you click the submit button.