

This is a fillable form. If the information is typed vs handwritten, this camper will be entered for a chance to win \$100.

SHETEK BAPTIST CAMP • PO BOX 141 SLAYTON MN 56172 • CAMPER REGISTRATION FORM - 2022

**Please Type or Print all Information**

Camper's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_

Grade in school in **May** of 2022: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

**Choose Your Camp**

**Camp #1** – July 4-9 / **Grade Completed 10-12**

**Camp #2** - July 11-16 / **Grade Completed 8-9**

**Camp #3** - July 18-23 / **Grade Completed 6-7**

**Camp #4** - July 25-29 / **Grade Completed 4-5**

**Camp #5** – August 1-5 / **Grade Completed 2-3**

*\* Campers may not attend camps designated for grades other than the grade they completed in the Spring of 2022.*

**Select One**

1. A church is helping to pay for this camper. I understand that I need to print this form, give it to the church, and pay through them.

2. I will print this form and mail it to the camp with my check.

3. I will pay by credit card at [campshetek.com/pay](http://campshetek.com/pay). (There is an additional \$8 non-refundable processing fee to do this.)

**Pick Your Price**

**\$325** - Actual Cost

**\$300** – Discount option if completed

registration form and full payment are received prior to **May 16**.

**Emergency Contacts**

1<sup>st</sup> Emergency Contact: Phone \_\_\_\_\_ Name & Relationship: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: Phone \_\_\_\_\_ Name & Relationship: \_\_\_\_\_

**Insurance**

Is the camper covered by medical/hospital insurance? \_\_\_\_\_ If yes, please give the Policy # \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Name of the Insured: \_\_\_\_\_

**Medical**

1. Bring any needed medications with you to camp. All medications must be turned in to Camp First Aid upon arrival.

2. All medications (including over the counter) must be in the original container with the original label.

3. Place all meds in a zip style bag. Write the camper's name and the parent's phone number on the outside of the bag with a permanent marker then write clear instructions on a slip of paper and place it inside the bag.

**Conditions**

4. \* Does the camper have any conditions that they are being treated for or that the camp needs to be aware of? (e.g. Sleep Walking, ADHD, ADD, Drug Reactions, Epilepsy, Fainting, Allergies, Asthma, Anxiety, etc.)

Yes No - If yes, please go to the next page where it says **ADDITIONAL COMMENTS** and explain.

5. \* During the school year, is staff provided to help manage your child's behavior?

Yes No – If yes, Explain: \_\_\_\_\_

6. \* Are there any current conditions (injury, surgery, illness) that may require special attention, or restrictions while at camp?

Yes No – If yes, Explain: \_\_\_\_\_

7 \* In the past year has the camper received professional treatment to address mental/emotional health?

Yes No - If yes, Explain: \_\_\_\_\_

If additional space is needed to explain anything, please go to **ADDITIONAL COMMENTS** on the next page.

*\* Additional information may be required before the camp can finalize your camper's registration.*

**Signature**

\* I affirm that there is no need for a doctor's examination prior to camp based on my camper's good health history.

\* I affirm that I have read the brochure and support the policies of the camp. I understand that Shetek Baptist Camp reserves the right to dismiss any child (without refund) whose actions, behavior, or attitude, in the judgment of the camp staff, is contrary to the best interests of the camp.

\* I give permission to camp health care personnel to provide routine health care and to administer medications we send to camp as well as the camp's over the counter medication as they deem necessary.

\* I understand I will be contacted if my child needs medical treatment at a clinic or hospital. In the event of an emergency, if I cannot be reached and my child needs immediate attention, I give permission to 1. the camp to arrange necessary transportation to a hospital and 2. to the hospital's healthcare professionals to administer treatment.

\* I agree that any photographs/video taken at camp that include my camper may be used for camp publicity.

\* I understand that early departures must be pre-approved by completing the early departure form found at [campshetek.com/forms](http://campshetek.com/forms)

\* I understand that cancellations must be submitted via email to [info@campshetek.com](mailto:info@campshetek.com). Refund Policy: Refunds are only given if cancellation is received 10 days prior to a camper's scheduled camp. If cancellation is less than 10 days prior to their scheduled camp, refunds are only given for medical reasons and family emergencies. All refunds are subject to a \$30 administration fee.

**\* I understand that this registration will only be processed if this form is filled out completely & full payment is included.**

*\* The parent listed above should type your name for the "Parent's Signature" otherwise, print the form and sign it.*



Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**The camp will send you an email confirmation when this camper registration is finalized.**

