

Camper Information

Name: _____

Gender: _____ Birthday: _____

Grade in school in the Spring of 2021: _____

Address: _____

City: _____

State & Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Emergency Contacts

Emergency Contact Phone #1 _____ Name & Relationship: _____

Emergency Contact Phone #2 _____ Name & Relationship: _____

Insurance

Do you carry family medical/hospital insurance? _____ If yes, please give the Policy # _____

Insurance Company Name: _____ Name of the Insured: _____

Medical

1. Bring any needed prescription medications with you to camp. All medications must be turned in to Camp First Aid upon arrival.
2. All medication (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 campers name and phone number on the outside of the bag with a permanent marker, write clear instructions on a slip of paper and place it inside the bag.

Immunizations & Conditions

4. Is your child current on all immunizations needed for school? Yes No
5. Does the camper have any conditions that we need to be aware of such as Anxiety, Sleep Walking, ADHD, Drug Reactions, etc.
Yes No - If yes, please go to the next page where it says **ADDITIONAL COMMENTS** and explain.
6. During the school year, is staff provided to help manage your child's behavior?
Yes No - Explain: _____
- 7 * Are there any current conditions (injury, surgery, illness) that may require special attention, or restrictions while at camp?
Yes No - Explain: _____
- 8 * In the past 2 years, has the camper received professional treatment to address mental/emotional health?
Yes No - Explain: _____
- 9 * Has the camper been exposed to a communicable disease in the past 6 months?
Yes No - Explain: _____

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

*** If you answered yes to any of questions 7, 8, or 9, you must have a "Physicians Statement" completed by your attending health professional and it must accompany this registration form. Download the form at campshetek.com/forms.**

Signature

- * I affirm that there is no need for a doctor's examination prior to camp based on my camper's good health history, or that such an examination has been obtained in the last 90 days and is included with this registration.
- * 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 their judgment, 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 the camp to arrange necessary transportation to a hospital and 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.
- * I understand that this registration will only be processed if this form is filled out completely & full payment is included.**

Choose Your Camp

Camp #1 – June 28-July 3 / **Grade Completed 10-12**

Camp #2 - July 5-10 / **Grade Completed 8-9**

Camp #3 - July 12-17 / **Grade Completed 6-7**

Camp #4 - July 19-23 / **Grade Completed 4-5**

Camp #5 - July 26-30 / **Grade Completed 2-3**

*** Campers may not attend camps designated for age groups other than their own.**

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. (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 by **May 15**.

 **Parent/Guardian - Type Your Signature** _____ **Date** _____ **Phone** _____

