

2019

BEDFORD SUMMER CAMP REGISTRATION

Christian Church (Disciples of Christ) in Indiana

Please register for camps online at indianadisciples.org.
If this is impossible, you may register for Bedford camps using this form. Geneva Center camp registration is at <http://www.genevacenter.org/summer-camp/>

Camper's Name _____
Last name First name Middle name Nick name

Address _____ T-shirt Size _____ Youth Adult

City _____ State _____ Zip _____ Phone () _____

Age _____ Grade completed in Spring _____ Gender _____ Birth date _____/_____/_____
Month Day Year

Email Address for Confirmation _____

Congregation _____ City _____

Mark an X in the column right of the camp dates. If attending more than one camp, please fill out additional registration/health forms.

BEDFORD CAMPS	X	Dates	Cost
New Beginnings (completed gr. 1-3)	X	June 24-26	\$205
Explorer (completed gr. 4-5)	X	July 8-13	\$310
Middle School (completed gr. 6-8)	X	July 15-20	\$310
High School (completed gr. 9-12)	X	July 1-6	\$310
<i>Registrations after May 15</i>	X		<i>Add \$25</i>

Please make checks payable to Christian Church in Indiana

I would like to be in a cabin with _____ (Final assignment at director's discretion.)

Parent/Guardian name:			Parent/Guardian name:		
Address/ City/State/ Zip:			Address/ City/State/ Zip:		
Home Phone:	Work Phone:	Cell Phone:	Home Phone:	Work Phone:	Cell Phone:

PERMISSION TO ATTEND CAMP (all three signatures are **required**)

Camper/Participant: I agree to participate fully in the camp program, to cooperate with the camp leaders, and to attend the entire camp event. I will not bring cell phones, radios, tape/CD players, TVs, firearms, knives, food, fireworks, electronic games, alcohol, or drugs (except those listed under health information). I understand that if I do not abide by camp policy, I may be sent home at my parents' expense.

Signature of **Participant**

Parent/Guardian: I give my consent for _____ to attend the camp indicated above and to participate fully in the program. I have discussed with my child what is/is not appropriate to bring to camp. I fully understand that should my child commit a serious infraction of camp rules, I will arrange to remove my child from camp at the request of the camp director or regional staff at the earliest possible opportunity.

Signature of **Parent or Guardian**

Pastor: I understand that the camping program is an integral part of the education ministry of the total church. Therefore, I will help this camper understand the purpose of church camping before he/she attends and will talk to him/her following camp to reflect on its events and meaning. If there are emotional or family issues that might affect the camper and/or the camp, I will inform the director about those before camp begins.

Signature of **Pastor**

Parents/Guardians: Complete and sign the Summer Camp and Conference Health Form

Rules for acceptance and participation in the program are the same for everyone without regard to race, color, sex, age, handicap, or national origin. Any person who believes he or she has been discriminated against in any USDA related activity should write to Secretary of Agriculture, Washington, D.C. 20250

SUMMER CAMP AND CONFERENCE HEALTH & CONSENT FORM

Name _____
Last name First name Middle name

Parent's Name _____ Parent's Name _____

Camper's Address _____ City _____ State _____ Zip _____

Camper Social Security Number (For use in medical emergencies) _____

Phone number: (Home) _____ (Cell) _____ (Work/other) _____

Emergency Contact (name/relationship) _____ Phone _____

Camper Birth date _____ Camp session name/date _____

Camper Health Insurance Information:

Policy Holder Name _____

Company name/phone _____

Policy # _____ ID # _____ Group # _____

Please provide a copy of your insurance card for verification purposes and return with a completed registration form.

The following information is required to ensure that your child's individual needs are met while attending camp. Information is confidential and will be made available only to those people who are directly responsible for your child's well being. In the event of an emergency, every effort will be made to contact the parent or designated individual. No person under 18 will be allowed to attend camp without a completed health form. Many hospitals require signatures before proceeding with treatment. **INSURANCE:** The Christian Church in Indiana has insurance that covers only accidents that occur at camp.

Note: Family insurance is the primary insurance. The region is the secondary insurance.

Is the camper in good health and able to participate in all normal camp activities?

YES _____ NO _____ If not, explain _____

Date of last complete physical examination _____

Name of Family Physician _____ Phone () _____

Immunization: Date of last Tetanus shot _____ Tetanus booster _____

Health Concerns:

Allergic to: Penicillin _____ Sulfa _____ Insect stings _____ Poison ivy/oak _____ Other _____

Subject to: Bed wetting _____ Asthma _____ Convulsions _____ Skin Rash _____ Fainting _____ Athletes Foot _____

Information Camp director should have (explain): _____

If applicant is on any regular medication, state drug and dosage _____

(Medications brought to camp must be in their original container which lists proper dosage and frequency.

I give permission for first aid director to administer over-the-counter drugs (i.e.: Tylenol/Sudafed) as needed to this camper.

_____ yes _____ no

I/We _____ as _____ of _____,

(Relationship to minor)

a minor child under the age of eighteen years, do hereby delegate to a representative of the Christian Church in Indiana authority to consent to all health care (x-rays, routine test, hospitalization, injection, anesthesia and/or surgery if necessary) to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Indiana. This authority is delegated due to my/our unavailability to exercise the authority in person. This delegation of authority will commence on _____ and shall be valid until _____.

I agree to permit him/her to be transported in private or public vehicles. _____

(Signature of parent/guardian)

I hereby give permission for this person's photograph to be used in camp publicity. _____

(Signature of parent/guardian)

LIABILITY: The Christian Church in Indiana is not responsible for personal items that are lost, stolen, or broken at camp sites.

RETURN REGISTRATION, HEALTH FORM, and COPY OF INSURANCE CARD TO:

Christian Church (Disciples of Christ) in Indiana

Summer Camps

1100 W. 42nd Street Suite 150, Indianapolis, IN 46208

317-926-6051, www.indianadisciples.org, FAX: 317-931-2034