

Grace Bible Camp—REGISTRATION FORM
 (Please also complete *Health Information Form* below)

For Office Use Only	Session _____	Date _____
	Reg. Fee _____	C. R. _____

NAME _____ **BOY** **GIRL**
 Last First M.I. Name you like to be called
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE () _____ PARENT(S) NAME(S) (with whom you live) _____ PHONE () _____
 Daytime
 AGE AT CAMP TIME _____ DATE OF BIRTH _____ SCHOOL GRADE NEXT YEAR _____ CAMPER AT GBC BEFORE: YES NO
 CHURCH _____ PARENTS' EMAIL ADDRESS _____

Week you want to come to camp:
 1st choice _____ Outdoor Adventure Camp
 yes no
 2nd choice _____ yes no

Send this "Registration Form" with \$60.00 (\$125.00 for Outdoor Adventure Camp / Water Adventure Camp) registration fee to:
 Grace Bible Camp
 111 Bible Camp Lane
 Goshen, VA 24439

Cabin Mate (someone your own age, person must choose you also):
 1st choice _____

Checks should be made payable to Grace Bible Camp. A letter telling what to bring and other information will be sent to camper upon receipt of registration fee. For further information, write to the camp or call (540)997-9316 or check our web site—www.gracebiblecamp.com.

CAMPER IS NOT REGISTERED WITHOUT BOTH REGISTRATION FORM AND FEE.

HEALTH INFORMATION

(must be completely filled out by parent/guardian)

Should the need arise, camper may be given—
 -For Pain and/or Fever Relief: Acetaminophen (Tylenol, etc.) yes no
 Ibuprofen (Motrin, Advil, etc.) yes no
 -For Stomach Distress: Tums, Pepto-Bismol, etc. yes no
 -For insect bites/poison ivy: Benadryl yes no
 Physician's Name _____ Phone _____
 Any medications currently taken on a regular basis: _____
 Any physical condition requiring special consideration: _____

Parent's Insurance Info:

Insurance Company _____ Policy # _____
 Address and/or phone number _____
 Date of last tetanus shot: _____
 List any allergies of camper: _____
 Is camper susceptible to nose bleed, sleep walking, bed-wetting, etc?

 Any Medical Treatment the camper is currently under: _____

If health history shows physical limitations or restrictions for vigorous camp activities, your camper is required to have a doctor's permission for camping activities or indication of limitations.

If any emergency should arise and the parent or guardian is unable to be reached and the camper must be taken to the hospital for treatment, your signature below would give permission for treatment.

Signature: _____
 Date: _____
 (Please notify us of any change in above information before camp)

I also give permission for photos and/or videos of my child to be used in camp promotion.

Signature: _____ Date: _____