

**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**

ADDRESS \_\_\_\_\_ **Last** \_\_\_\_\_ **First** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **Name you like to be called** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ **PARENT(S) NAME(S) (with whom you live)** \_\_\_\_\_ **PHONE ( )** \_\_\_\_\_ **Daytime**

AGE AT CAMP TIME \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ **SCHOOL GRADE NEXT FALL** \_\_\_\_\_

CHURCH \_\_\_\_\_ **BEEN TO SUMMER CAMP AT GBC BEFORE?** **YES**  **NO**

**Week you want to come to camp:**

1st choice \_\_\_\_\_ **Outdoor Adventure Camp**  yes  no **Send this "Registration Form" with \$50.00 (\$100.00 for Outdoor Adventure Camp) registration fee to:**

2nd choice \_\_\_\_\_  yes  no

**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 Relief: Acetaminophen (Tylenol, etc.)  yes  no **Any medical treatment the camper is currently under:** \_\_\_\_\_

Ibuprofen (Motrin, Advil, etc.)  yes  no \_\_\_\_\_

-For Stomach Distress: Tums, Pepto-Bismol, etc.  yes  no **Any medications currently taken on a regular basis:** \_\_\_\_\_

-For insect bites/poison ivy: Benadryl  yes  no \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ **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? \_\_\_\_\_

**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)*