



# Elbethel Bible Camp Registration 2018

## Personal Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ other Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M/F  
Church Name: \_\_\_\_\_ Pastor: \_\_\_\_\_

Do you agree to abide by camp rules: Y / N (circle one)  
Did you read our dress code? Y / N (circle one)

**Attendee** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Information:

HEALTH CARD NUMBER: \_\_\_\_\_  
Medications taken regularly: \_\_\_\_\_  
Allergic Reactions: \_\_\_\_\_  
Treatment given if allergic reaction happens: \_\_\_\_\_  
\_\_\_\_\_  
Restricted Activities: \_\_\_\_\_  
Date of Last Tetanus Injection: \_\_\_\_\_

## LIABILITY WAIVER:

In the case of a medical emergency, I hereby give consent to allow the hospital/ physician selected by the camp to administer medical attention and/or treatment to the person who is named on this form. I will not hold this camp or child's sponsor responsible or liable for any sickness or accident that may occur. I certify the attendee named on this paper is in good physical condition and able to participate in all activities except those listed un-restricted activities.

Every camper must be chaperoned at all times. The signed person, agrees to allow the named person on this form to be chaperoned by the approved counselors of this camp. They will be required to obey and respect the counselors and follow the schedule and all codes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Parent or Guardian if attendee is under 19)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Guardian of attendee under 12)**