

2010 CAMPER REGISTRATION

Name _____
Address _____ City _____ Zip _____
Home Telephone () _____ Sex _____ Age _____ Grade entering this fall _____
T-Shirt Size: Adult S M L XL XXL **Youth:** S M L **Child:** S M L
Church Name _____
Have you been immersed for the forgiveness of your sins? (Acts 2:38) Yes / No
Have you attended BSCSC before? Yes / No
Are you interested in attending Bible College? Yes / No

“I agree to follow the rules of camp as stated on page two of this form.” (Signature of camper)

PARENTS OR GUARDIANS:

“I hereby give my permission for my camper to go swimming with the other campers.”
_____ (Signature of parent or guardian)

Please check the camp that you will be attending. (Grade you will enter next fall)

- | | |
|---|--|
| <input type="checkbox"/> Grades 11-12..... \$95 | <input type="checkbox"/> Grades 9-10..... \$95 |
| <input type="checkbox"/> Grades 7-8 \$85 | <input type="checkbox"/> Grades 5-6 \$65 |
| <input type="checkbox"/> Grades 3-4 \$55 | <input type="checkbox"/> Grades 1-2 \$35 |

REGISTRATION DEADLINE:

To pre-register, return this registration form and consent to your church sponsor, along with a \$25.00 deposit (except Day Camp). Any registrations received after May 20 may be subject to a late fee.

CONSENT TO TREAT MINOR

I (we), the undersigned parent(s) or legal guardian of (print name) _____, a minor, hereby authorize and consent to any first aid, medication, medical treatment or surgery for said minor, deemed necessary or advisable by any emergency unit, hospital, doctor, nurse, dentist, or other medical practitioner located in any state, country, or elsewhere. If possible, before treatment, I request a reasonable effort to contact me at the phone number(s) listed below. This consent shall be valid so long as said child is a minor and can be revoked only in writing and delivered personally or by certified mail to Boiling Springs Christian Service Camp, P.O. Box 884, Woodward, OK 73802. Any copy or facsimile of this consent shall be valid as an original.

_____ Date

_____ Parent(s) or Legal Guardian signature

_____ Address of parent(s) or guardian(s)

Date of last Tetanus Diphtheria Booster _____

Allergies to drugs, bugs, or foods _____

Any special medications or pertinent information _____

Date of Birth _____

Telephone where parents may be reached in the event of an emergency _____

Name _____ Home _____ Business _____

Name _____ Home _____ Business _____

Family Physician _____ Telephone _____

Insurance Company _____ Policy # _____

Please send original plus two (2) copies of this signed form with your child to camp.