

Camp Bethany Registration Form

Name _____
Address _____
City/State/Zip _____
e-mail _____ Home Phone _____
Parents/Guardian _____ Parents' Daytime Phone _____
Parents' Cell Phone _____ Other Contact Phone _____
Birthdate _____ Age _____ Grade Last Completed _____
Gender: ___ Male ___ Female Shirt Size: _____ Select One: ___ Student ___ Adult Leader ___ Youth Pastor
Church Member: ___ Yes / ___ No If yes, Church Name _____

Camp (check one)	Grades	Dates	Early registration	Deposit Fee
___ Preteen III	3-6	July 3 - Jul 7	April 30	\$50

Permission for Treatment and Photo/Video Notice

In the event that _____ becomes ill or sustains an injury while participating in or traveling to or from an authorized and chaperoned youth event at Camp Bethany in Bethany, Louisiana. I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and/or administer first aid. I also consent to X-Ray examinations, Anesthetic, Medical, Dental, or Surgical diagnosis and treatment, including invasive procedures and hospital care as well as the administration of drugs or medicine to be rendered to my son, daughter or child under my legal watch care, under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon. I understand that this consent will apply to all emergency situations present and future and will remain in effect until written revocation is received by certified United States Mail. I also agree that Camp Bethany, the Northwest Louisiana Baptist Association, its staff and/or volunteers will not be held responsible for any physical or emotional injuries received while participating in events and travel associated with Camp Bethany and the Northwest Louisiana Baptist Association. I assume all responsibility for any medical and emergency expenses associated with any accident, injury, or other incapacity, regardless of whether I have authorized such expenses.

Also, I understand that as a participant, my child may be photographed or video taped during normal activities and these photos/videos may be used in promotional materials.

Signature of Participant _____ Date _____

Signature of Parent or Guardian _____ Date _____

Insurance Information

Insurance Name _____ Insurance Policy Number _____
Coverage Verification Number _____ Subscriber Name _____
Place of Employment: _____ Work Phone: _____

Medical Information (Please use back of form if more room is needed)

General Health is: ___ Excellent ___ Good ___ Fair ___ Poor

If Fair/Poor, please explain: _____

Any medical difficulties for which you are currently being treated for: _____

List any previous operations or serious illnesses: _____

List any medications you are currently taking: _____

NOTE: ALL MEDICATIONS MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE WITH THE NAME OF THE CAMPER ON IT, DOSAGE INSTRUCTIONS, AND DOCTOR'S NAME; OTHERWISE, WE ARE NOT ALLOWED TO DISPENSE THE MEDICATION.

Any special diet: _____

Date of last Tetanus Immunization: _____

Family Doctor: _____ Phone: _____

REGISTRATION/DEADLINE:

Register online @ calvaryshreveport.org, and submit release forms to Brenda Gauthier in the Children's ministry. Deadline is **SUN. April 30. Registration is not complete until all forms and deposit is turned in on the deadline.** Camps must have all our information to ensure enough food prep and T-shirt ordering prior to our arrival.

DEPARTURE/ARRIVAL:

Monday, July 3, Check-in at Calvary will begin at 12:00 pm in the FLC the bus will depart promptly at 12:30. Friday July 7, we should arrive back at Calvary around 10:30am

Family Night:

Tue. July 4, We will have fireworks this night for families, more details to come!

WEATHER:

Summers are very hot please encourage your children to drink plenty of water to stay hydrated, so they do not become ill and have to go home!

TSHIRTS:

Campers will receive a t-shirt. (Late registration-not guaranteed a shirt)

DRESS:

Shirts must cover complete torso- NO spaghetti straps, Shorts of modest length
Boys- Dress shorts or pants for worship, Shirts during camp to be worn at all times unless at the pool
Girls- Dress shorts, Capri's or dress/skirt for worship, Cover ups to be worn to & from pool

MAIL: If you would like to send your camper mail, I would encourage you to send it out that Saturday or the Monday we arrive, so they get it before we leave.

You can mail it to the camp site address below- ***Attn: your childs name/Calvary***

PACKING LIST: Please be mindful with luggage, children are responsible for carrying all their stuff to cabins- rolling luggage- backpacks are great. Do not sent boxes or trunks!
Also, sleeping bags seem to be troublesome for kids to roll up, please consider a bed sheet.

- Bible
- Notebook/pen or pencil
- Pool towel
- Swimsuit (one piece/Tankini for girls)
- Undergarments/Socks
- Tennis shoes/shower shoes
- Toothbrush/Toothpaste
- Shampoo/Soap
- Bag for dirty clothes
- Towel/washcloth
- twin bed sheets, Blanket, Pillow
- SUNSCREEN!
- Flashlight/batteries
- Money for Snack Shack, Bethany shirts (shirts range from \$12-\$18)

Camp Site Information:

9766 Hwy 79
Bethany, LA 71007
(318) 938-1221

Mickey Lee-687-4920 X Cell 318-347-2605
mlee@calvaryshreveport.org

Brenda Gauthier- 687-4920 X261 Cell 318-218-478
bgauthier@calvaryshreveport.org

****No use of electronics**