

Camp Bethel Bring Your Big Camp Registration 2024

Register easily online at www.CampBethelVirginia.org/Parent-Child-Overnight, or use this paper form.

Please **PRINT CLEARLY** and complete **BOTH** sides and return with **your total fee** to:

Camp Bethel Registrar, 328 Bethel Road, Fincastle, VA 24090-4276.

Overnight Fee = \$120/pair (\$60 for each add'l person).

Adult Attendee #1 First & Last Name _____ Age ____ Gender ____

Adult Attendee #2 First & Last Name _____ Age ____ Gender ____

Child Attendee #1 First & Last Name _____ Age ____ Gender ____

Child Attendee #2 First & Last Name _____ Age ____ Gender ____

Child Attendee #3 First & Last Name _____ Age ____ Gender ____

Parent/Guardian mail address _____

City _____ State _____ Zip _____

Parent/Guardian primary email _____

Other email _____

Custodial Parent/Guardian Phone _____ Other phone _____

Which guardians will be staying with which children overnight? Check all that apply.

If you are bringing multiple genders of children, you will need to bring two guardians; one guardian staying overnight for each gender.

_____ Mother-Daughter(s) _____ Mother-Son(s) _____ Father-Daughter(s) _____ Father-Son(s)

Emergency Contact First & Last Name _____

Their relationship to your family _____

Emergency Contact Main Phone _____ Other Phone _____

Your Church (if any) & its location, _____

(Ex: First Church of the Brethren, Eden NC) Not required for attendance, but we need to know any Church of the Brethren attendees.

Explain any special needs or significant information your Camp Bethel leaders should know about the children. Include physical, emotional, or behavioral concerns, and include what accommodations are needed.

Complete BOTH sides of this form. Add CampBethelOffice@gmail.com to your contacts. This form may be copied. Information on this form is kept confidential. Visit CampBethelVirginia.org/ParentInfo to learn about camp expectations, Good-As-Gold church assistance, and our Campership Financial Assistance Application.

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Parent/Guardian and Camper Agreement must be signed* below for attendance:

PARENT/GUARDIAN AUTHORIZATIONS FOR ATTENDANCE:

I request my child be accepted to attend Camp Bethel. I understand the information at www.CampBethelVirginia.org/ParentInfo, including the Good Behavior Requirement, camp rules and behavior policies, registration and cancellation policies, the program descriptions, and the activities listed for my child's time at camp. I understand that my child will be participating in many physical activities including but not limited to those listed in the program descriptions, and the potential for accidents exists. I understand that the camp has established guidelines to minimize risks and provide a safe environment, and that Camp Bethel will implement multiple practices to limit the spread of and exposure to communicable diseases (including COVID-19 and other viruses), and that Camp Bethel is licensed by Virginia to operate a Summer Camp, Dining Hall and Swimming Pool, and that Camp Bethel adheres to over 300 operational and safety standards, including thorough background checks and screening/training of all personnel and volunteers. In consideration of acceptance to Camp Bethel,

I indemnify and hold harmless Camp Bethel, the Virginia District Board—Church of the Brethren, Inc. and its staff and officers from any and all liability, claims, damage, injury, disability, or illness sustained by my child, and

I verify that the information on this Form is correct and complete as far as I know. This form may be copied, and

I understand that Camp Bethel provides only limited secondary medical insurance coverage for participants. I will attach proof of primary personal/family medical insurance coverage for my child, if any, as requested (but not required) for camp attendance on the Health Form received in my Confirmation Materials, and

I understand the active nature of the camp activities and give permission for my child to participate fully and to engage in all camp activities listed in my selected program description, unless otherwise noted under the Restrictions section of this Form.

I understand the "2024 Policy for Cancellations, Late Arrivals, Early Departure." Should I pay for camp, and later decide to keep my child home, or if the schedule changes again, OR if camps are cancelled, I have options including: (1) Credit 100% of your payments toward another available 2024 program, or (2) Credit all but \$50 of your 2024 payments to 2025 pre-registration, or (3) Donate part or all to help Camp Bethel enhance how we operate, or (4) Refund all but your \$50 deposit. For refund, I must contact Camp Bethel at least 24 hours prior to the start of my camp, and sooner if possible. I will notify the camp office 540-992-2940 or CampBethelOffice@gmail.com ASAP if my camper will not attend this session. (5) Late arrival and early departure is discouraged, but allowed if needed. However, because staff, food, and supplies are already secured, we cannot provide pro-rated refunds for partial camp attendance once your camper has arrived unless Camp Bethel cancels the program.

I agree to read all information included in the Confirmation Materials and Packing List sent to me after registration and to share this information with the camper, and to read, sign and return any and all applicable forms.

I permit camp photos, video and audio that includes my child to be used in camp promotion without liability or remuneration, and

I verify that this child is physically able to participate in all camp activities listed in my selected program description (unless otherwise noted in the Restrictions section of this Form), and I will provide an update to this child's health status and Health Form, if any, during health screening at check-in on the first day of camp. (We encourage parent/guardian to consult your child's physician to assess your child's current health and physical abilities. Provide any updates to this information on the Health Form at check-in on the first day of camp.)

*Signature of custodial parent/guardian _____

*Dated ____/____/____

*Printed name _____ * P h o n e : _____

HOW ARE YOU PAYING FOR CAMP?

- Personal Check, Money Order, or Cash enclosed in the amount of \$ _____. Check/MO number: _____
- I paid at www.CampBethelVirginia.org/payment. Date of payment: _____ in the amount of \$ _____.
- A Good-As-Gold Certificate from my Church is enclosed in the amount of \$ _____.
Signed by this person: _____ From this Church: _____
- Submitting a Campership Assistance Application at CampBethelVirginia.org/help and I am requesting \$ _____.