



SUMMER CAMP REGISTRATION 2012

Revised 11.30.11

Please PRINT. Complete both sides & return with a minimum, non-refundable \$50 deposit (or full payment) to:
Camp Bethel Registrar, 328 Bethel Road, Fincastle VA 24090-4276.

Camper name: _____ Gender: **M / F** Grade (fall '12): _____
last name, first name m.i.

Name Camper prefers to be called: _____ Camper birth date: _____ / _____ / _____ Age at camp: _____
month day year

Mailing address: _____
number, street or PO Box city state zip

Parents'/Guardians' names: _____ Family e-mail: _____
last name(s), first name(s)

Home phone: (_____) _____ Work phone: (_____) _____ Dad's cell: (_____) _____ Mom's cell: (_____) _____

CAMP PROGRAM REQUESTED: _____ CAMP DATES REQUESTED: _____
title of camp program & number (ex: "Jr High Adventure Horseback+WW Rafting 8") dates of camp week (ex: "7/31-8/5")

Cabin mate requested (full name of ONE friend of similar age/grade attending the same program): _____

Home-in-the-Woods Overnight Opt Out, (read information in brochure on page 5): check here if choosing to opt out:

For Parent-Child Overnight Camp, name & gender of the parent/adult relative attending with camper: _____ gender: **M / F**

Who to call if parent/guardian is not available: _____; relation to camper: _____
their home phone: _____, their work phone: _____, their cell phone: _____; 2nd cell phone: _____

The following questions will help us ensure a quality camp experience for your camper. Solicit your camper's thoughts as you complete these questions, remembering that our program focus is relational small-group community living. Attach additional pages of helpful information.

Will this be camper's 1st overnight away from home? Yes No (If Yes, consider preparing camper with a few "practice" nights away.)
Check those that apply: 1st time Camp Bethel camper Returning Camp Bethel camper: How many summers total, not including 2012? _____
 Have attended other camp before Check one: Can swim in deep water Non-Swimmer

Explain any special needs the camper has or significant information about this camper the Camp Director and your counselor should know in advance of her/his camper session. Include physical, emotional, or behavior concerns; (attach additional paper if needed): _____

List any major medications your camper will take at camp: _____

The following restrictions apply to this camper; (attach additional paper if needed):
Dietary: _____ Other: _____
Explain any restrictions to activity (what cannot be done; what adaptations or limitations are necessary): _____

Describe your camper's personality when living, playing and working with others: _____

Camper's interests, likes: _____

As your camper thinks about the upcoming camp time, what excites her/him? _____

What concerns her/him? _____

What are the outcomes from this camp experience that you as the parent/guardian hope for your camper? _____

How did you learn about Camp Bethel, and how did you get this form? _____

I/We chose Camp Bethel because: _____

Church Membership: _____, Pastor: _____

The information on this form is kept in strict confidence by the directors, counselors & medical director. Complete BOTH sides of this form; keep a copy for your records. This form may be photocopied. Printable forms and all program information is available at www.campbethelvirginia.org or call us at (540) 992-2940. Camp Bethel programs are open to everyone regardless of race, color, national origin, sex or disability.

The following box must be signed for attendance. If for religious reasons you cannot sign, contact the camp for legal waivers that must be signed for camp attendance.

Parent/Guardian Authorizations:

I hereby request that my child be accepted to attend Camp Bethel. I have read and understand the information in this brochure, including parent and camper information, the camp rules and behavior policies, registration procedures, 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 to provide a safe environment and that Camp Bethel is licensed by Virginia to operate a Summer Camp, Dining Hall and Swimming Pool, and that Camp Bethel is accredited by the American Camp Association in accordance to adherence to over 300 quality standards. In consideration of acceptance to Camp Bethel,

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

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

I hereby give permission to the camp to provide routine health care, administer prescribed medications and over-the-counter medications I list on the Health Form (you will receive a health form in your confirmation packet after registering), and seek emergency medical treatment. I agree to the release of any records necessary for emergency purposes. I give permission to the camp to arrange necessary emergency medical transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment for my child including ordering x-rays, administering tests, and admittance to a hospital, 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 as required for camp attendance on the Health History Form received in my confirmation packet after registering, 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 including the group challenge & initiatives course (and high ropes course for ages 11 and older) unless otherwise noted under restrictions on the front of this application, and

Should it become necessary for my child to return home because of illness or other reason, I will abide by the Camp's decision and arrange for transportation, and

By registering my child into a program which includes transportation off site (i.e.: adventures, trips, service projects), if applicable, I permit my child to leave the grounds of Camp Bethel accompanied by authorized camp personnel for approved out-of-camp activities at camp-approved locations, to be transported in camp-approved vehicles driven by camp-approved drivers, and, if applicable while off site, for camp personnel as authorized by the Director in consultation with the weekly Medical Director to administer prescribed medications and over-the-counter medications to my child as listed above, and

I understand that \$50 of my fee is non-refundable unless Camp Bethel cancels the camp program, and that a \$20 processing fee must be added if I choose to switch or reschedule my camp date, and that if complete payment of the camp fee (or scholarship approval or Good-As-Gold form) is not received by 2-weeks prior to my camp date, I will forfeit my child's reserved spot, and that there are no refunds for partial camp attendance or early departure for any reason unless Camp Bethel cancels the camp program, and

I agree to read all information included in the confirmation packet sent to me after registration and to share this information with the camper, and to read, sign and return any and all applicable forms and waivers (mostly applicable to Adventure and Trip programs), and

I permit camp photos, video and audio of activities or interviews that may include my child to be used in camp promotion without liability or remuneration, and

I verify the Physical Assessment of this camper as described below.

Physical Assessment of Camper by parent, legal guardian or medical personnel: We encourage parents/guardians to consult your child's primary care physician to assess your child's current health and physical abilities. Provide any updates or changes to this information at check-in on the first camp day.

This child is physically able to participate in all camp activities as described in the brochure (unless otherwise noted under restrictions on the front of this application), and I will provide an update to this child's health status, if any, for the health screening at check-in on the first day of camp.

Signature of parent or legal guardian: _____ Date: _____

Printed name: _____ Phone number: (_____) _____

Camper Financial Assistance Application: To be filled out by pastor, social worker, or school guidance counselor. Complete this box ONLY if you are requesting financial assistance in the form of a "campership" from Camp Bethel. Do not include any of your church's "Good-As-Gold" information here. See your Church of the Brethren pastor or camp rep for "Good-As-Gold" info.

For this camper, we request financial assistance from Camp Bethel in the exact amount of \$ _____ (see brochure for fees).

Printed name of pastor, social worker, or school guidance counselor: _____

Approving signature of pastor, social worker, or school guidance counselor: _____, Date: ___/___/___

Name of church/agency/school: _____, Phone # of person signing: (_____) _____

COMPLETE YOUR REGISTRATION:

I prefer to receive my confirmation packet by: (check one) E-mail OR Post Mail

Health Form included in confirmation packet.

Calculate your fees:

Camp Fee (increases May 1)	
Photo DVD-ROM: (1 DVD = add \$15) Collection of photos from camp week.	+
Total Fees Due	=
Minus my non-refundable deposit (min \$50)	-
My balance due (by 2 weeks before camp starts)	=

Complete BOTH sides of this form and return with minimum non-refundable \$50.00 deposit (or full payment) to:

**CAMP BETHEL REGISTRAR
328 BETHEL ROAD
FINCASTLE, VA 24090-4276**

How are you paying?

Personal Check or Money Order:

Check/MO enclosed for amount: \$ _____.

Check/MO number: _____.

Charge my Credit Card: Notice: A 4% surcharge is added to all credit card payments and deposits.

MasterCard Visa
for the amount of \$ _____.

Cardholder Name: _____.

Card Number: _____.

Expiration Date: _____.

Signature: _____.

Date: _____.

Good-As-Gold from my Virlina District Church:

Good-As-Gold Certificate is enclosed,

signed by this person: _____

from this church: _____

in the amount of \$ _____.

Cash: Only accepted by in-person delivery:

Cash delivered in the amount of: \$ _____.

DO NOT WRITE IN THIS BOX; OFFICE USE ONLY:

Date Rec'd: _____

ID #: _____ Conf sent date: ___/___/___

CPNO: _____

Week fee: \$ _____ + Photo DVD: \$ _____

Total fees: \$ _____

Dep paid: \$ _____ ck# _____ date _____

Paid by: _____

Dep paid: \$ _____ ck# _____ date _____

Paid by: _____

Church Dep: \$ _____ ck# _____ date _____

Paid by: _____

G-A-G Dep: \$ _____ ck# _____ date _____

Paid by: _____ Ch Code _____

Campership: - \$ _____ Apprvd by: _____

Transfer fee (if any): + \$ _____

Late fee (if any): + \$ _____

Balance Due: \$ _____

Bal paid: \$ _____ ck# _____ date _____

Paid by: _____

Bal paid: \$ _____ ck# _____ date _____

Paid by: _____

Church Bal: \$ _____ ck# _____ date _____

Paid by: _____

G-A-G Bal: \$ _____ ck# _____ date _____

Paid by: _____ Ch Code _____