

# CAMP BETHEL SUMMER CAMP REGISTRATION 2023

Register easily online at [www.CampBethelVirginia.org/camps](http://www.CampBethelVirginia.org/camps), or use this paper form.

Please **PRINT CLEARLY** and complete **BOTH** sides and return with a minimum \$50 deposit to:

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

Camper's Last Name \_\_\_\_\_

Camper's Preferred First Name \_\_\_\_\_ Gender \_\_\_\_\_

Grade in Fall 2023 \_\_\_\_\_ Camper's birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at camp \_\_\_\_\_

Custodial Parent/Guardian First and Last Name \_\_\_\_\_

Parent/Guardian mail address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent primary email \_\_\_\_\_

Other parent email \_\_\_\_\_

Custodial Parent/Guardian 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.*

Title & Dates of Program Requested \_\_\_\_\_

*Write the title, number, and dates of your program, ex: "HS Adventure Canoe + Climb 7, July 23-28"*

Circle Your Fee Choice: Subsidized / Supporters / Sustainers = My Total Program Costs \$ \_\_\_\_\_

Cabin-or-Group Friends Requested \_\_\_\_\_

*Units are grouped by age/grade; cabins are grouped by gender and age. Write full names of friends attending the same program and dates.*

\* \* \* \* \*

*Two questions will help us ensure a quality experience for your camper. Our program focus is small-group community living, and your camper will spend all day each day with her/his group. Attach extra pages of helpful information.*

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List in detail any RESTRICTIONS (dietary, activity, allergies) and what adaptations are needed. If your child has severe allergies to common things and if your child requires an Epi-Pen, you must contact our office before registering. For dietary restrictions or allergies, give details about severity of needs, (ex: life threatening? or matter of conscious?)

\_\_\_\_\_  
\_\_\_\_\_

Complete BOTH sides of this form. After receiving your registration, in April/May we will email your Confirmation Packet including your Camper Health & Info Form and any waivers, all of which must be returned at least 14 days prior to your first day of camp. Add [CampBethelOffice@gmail.com](mailto:CampBethelOffice@gmail.com) to your contacts. Contact us if you don't receive your Confirmation Packet by May 20. This form may be copied. Information on this form is kept confidential. Visit [CampBethelVirginia.org/ParentInfo](http://CampBethelVirginia.org/ParentInfo) to learn about camp expectations, tiered prices, Good-As-Gold church assistance, and our Campership Financial Assistance Application.

**CONTINUED ON NEXT PAGE →**

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

**Safe Behavior Requirement:** Is a Camp Bethel program a good fit for your camper? Your camper will spend all day each day with other children/youth and their counselors. We stay together with our group during our entire time at Camp Bethel. Inappropriate or unsafe behavior does not fit and cannot be tolerated. By requesting enrollment into Camp Bethel programs, you and your camper agree to our Behavior Policy and understand that safe behavior is required. Behavior deemed dangerous, inappropriate, intolerable, detrimental to the group, or unmanageable by the counselors or directors is grounds for dismissal from camp. Examples include: not following the camp rules; hurting others (verbally, physically, or emotionally); possession of prohibited or harmful item; constant misbehavior; unsafe behavior; straying from your group; etc. The Director will call parents/guardians as needed. Should it become necessary for your child to return home because of unmanageable behavior, homesickness or other reason, you have agreed to accept the Director's decision and arrange for transportation.

**Parent/Guardian Authorizations for attendance:** I request my child be accepted to attend Camp Bethel. I understand the information at [www.CampBethelVirginia.org/ParentInfo](http://www.CampBethelVirginia.org/ParentInfo), including the Safe 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 give permission to the camp to provide routine health care, seek emergency medical treatment, and administer any prescribed medications and over-the-counter medications I list on the Health Form (Health Form will be in your Confirmation Materials). 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, 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 including the group challenge & initiatives course, climbing wall, high ropes course, biking, and archery, unless otherwise noted under the Restrictions section of this Form, and

I understand that climbing at any height, using climbing equipment (climbing wall/high ropes course), biking, and archery activities may have inherent risks and that participation may involve accidents that could result in injury. I understand these activities are "challenge by choice" and that my child will not be forced to participate, and

By registering my child into a program which includes transportation off site (ex: adventures, trips, skills camps, service projects), if applicable, I permit my child to leave Camp Bethel accompanied by authorized camp personnel for 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 in consultation with the Health Coordinator to administer prescribed medications and over-the-counter medications to my child as listed on the Health Form, and

I understand the "2023 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 2023 program, or (2) Credit all but \$50 of your 2023 payments to 2024 pre-registration, or (3) Donate part or all to help Camp Bethel adapt how we operate (and help ensure we're here for you in 2024), 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](mailto: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 including the Health Form and any waivers (mostly applicable to Adventures, Trips, and Skills Camps), and

Should it become necessary for my child to return home because of illness, homesickness, conduct, or other reason, I will accept the Director's decision and arrange for transportation, and

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.)

\*Signature of custodial parent/guardian \_\_\_\_\_ \*Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Printed name \_\_\_\_\_ \*Phone: \_\_\_\_\_

### 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](http://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](http://CampBethelVirginia.org/help) and I am requesting \$ \_\_\_\_\_.