

# CAMP BETHEL SUMMER CAMP REGISTRATION 2018

Register easily online at [www.CampBethelVirginia.org](http://www.CampBethelVirginia.org), or use this paper form.  
Please PRINT and complete BOTH sides and return with a minimum, non-refundable \$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 2018 \_\_\_\_\_ Camper's birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at camp \_\_\_\_\_

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

Your mailing address \_\_\_\_\_

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

Family Email \_\_\_\_\_

Custodial Parent/Guardian Phone \_\_\_\_\_ Other phone \_\_\_\_\_

Title of Camp Program Requested \_\_\_\_\_  
*Write the title and number of your program, ex: "HS WWRafting River Tubing 7"*

Circle Your Fee Choice (details page 8) Subsidized / Supporters / Sustainers = My Program Costs \$ \_\_\_\_\_

Camp Dates Requested \_\_\_\_\_ Optional "Add-On" (see schedule & fee) \_\_\_\_\_  
*Ex: "July 15-20" Listed on page 14-15*

Cabin-or-Group Friends Requested \_\_\_\_\_  
*Units are grouped by age/grade; cabins are grouped by gender plus age. Write full names of friends attending the same program and dates.*

For Parent-Child Overnight Camp June 1-2, name & gender of adult relatives attending with camper: \_\_\_\_\_

\* \*

*The following questions will help us ensure a quality camp experience for your camper. Our program focus is relational small-group community living, and your camper will spend all day each day with her/his group. Attach additional 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? Airborne? Ingestion?)

\_\_\_\_\_

Complete BOTH sides of this form. Upon receiving your registration, 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 within 2 weeks. This form may be copied. Information on this form is kept confidential. Visit [CampBethelVirginia.org/ParentInfo](http://CampBethelVirginia.org/ParentInfo) to learn about tiered prices and Good-As-Gold church assistance. Visit [CampBethelVirginia.org/help](http://CampBethelVirginia.org/help) for a Campership Financial Assistance Application.

**CONTINUE ON NEXT PAGE →**

**This Parent/Guardian Authorization Must Be Signed for Attendance:** I request my child be accepted to attend Camp Bethel. I understand the information at [CampBethelVirginia.org/ParentInfo](http://CampBethelVirginia.org/ParentInfo), including the 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 is licensed by Virginia to operate a Summer Camp, Dining Hall and Swimming Pool, and that Camp Bethel is American Camp Association accredited in adherence to over 300 quality standards. *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 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 (after registering you will receive a Health Form 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 except for Skateboarding Camp) 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, 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) 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 cancellation/transfer and refund policies including (1) \$50 of my payment is non-refundable unless Camp Bethel cancels the camp program, (2) a \$20 processing fee must be added if I choose to switch or reschedule my camp date, (3) that if complete payment of the camp fee (or scholarship approval or Good-As-Gold form) is not received 14 days prior to my camp date I will forfeit my child's reserved spot, (4) there are no refunds for cancellation of my reserved spot in camp within 14 days prior to my camp date, and (5) 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 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 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 custodial parent/guardian or medical personnel: *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.*

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.

\*Signature of custodial parent/guardian \_\_\_\_\_ \*Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*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 \$\_\_\_\_\_.

G-A-G is from this Church \_\_\_\_\_ G-A-G is signed by this person \_\_\_\_\_

I have completed a Campership Application at [www.CampBethelVirginia.org/help](http://www.CampBethelVirginia.org/help) where I requested \$\_\_\_\_\_ of help.