

REGISTRATION FORM – Lebanon Valley Bible Church

HAPPY HAVEN BIBLE CAMP – SUNDAY, July 30th – FRIDAY, August 4th, 2017

CAMPER'S NAME _____
First Middle Last

ADDRESS _____
Street City ZIP Code

TELEPHONE (_____) _____ BIRTHDATE _____ AGE _____
Area Code Phone Number Month / Day / Year

BOY GIRL

LAST GRADE COMPLETED _____ CABIN MATE (if possible)* _____

*Please note that the camp staff will do their best to meet cabin mate requests; however, we cannot guarantee that requests will be fulfilled. Cabin mate requests are most likely to be fulfilled if the cabin mates are within 1 school grade level of each other, they each request each other on their registration forms, and the registrations are turned in by the early registration deadline of June 25th.

CHURCH REGULARLY ATTENDED (if any) _____

PARENT / GUARDIAN EMAIL ADDRESS _____

CAN YOUR CHILD'S PICTURE BE POSTED ONLINE? YES NO

GENERAL COMMENTS _____

TO BE ELIGIBLE TO ATTEND CAMP, children must have completed 1st grade. **Those who have already completed the seventh grade are not eligible to attend camp.**

CAMP FEE INFORMATION

WE EXPECT TO SELL OUT THIS YEAR. PLEASE GET YOUR REGISRTATIONS IN EARLY!!

The registration and payment deadline is June 25th. Registration forms and fees are to be mailed to Lebanon Valley Bible Church, 1482 Horseshoe Pike, Lebanon PA 17042 by the deadline date. **If the registration is not submitted by June 25th, there will be a late fee of \$15. The final registration deadline is July 2nd.** A registration confirmation will be sent with last minute camp information ***approximately*** two weeks before camp.

CAMPERS SHOULD NOT BRING ANY MONEY OR ELECTRONICS TO CAMP!!!

The basic camp fee of \$150.00 includes transportation, food, lodging, snacks, water slides and all activities.

Please complete the following fee information and permission form:

Basic camp fee:	\$150.00
Late Fee (submitted after June 25 th)	<u>\$15.00</u>
Total Fee:	_____
LVBC Sunday School Scholarship (\$20.00) (less _____)	
LVBC Awana Scholarship (\$20.00) (less _____)	
PAYMENT DUE	\$ _____

As the parent/guardian, I hereby grant my permission for the above named camper to attend Happy Haven Bible Camp. I understand that my child will be exposed to the spiritual truths of the Bible, and that he/she will be expected to participate in all the sessions and activities of the camp. I also understand that I will be responsible for providing transportation if he/she is sent home for disciplinary reasons.

Please make checks payable to
Lebanon Valley Bible Church

Signature of Parent or Guardian

Date

EMERGENCY / MEDICAL INFORMATION

Name of Camper _____

Please complete the following items as completely and accurately as possible.

- 1. Please list any medical conditions or ailments of which camp personnel should be aware. (Examples: trouble participating in sports activities, seizures, heart condition, diabetes, allergies, recent broken bones, behavioral issues, etc.) _____

Note: A form concerning medications that must be administered to your child during camp will be sent to you along with other last minute camp information two weeks prior to camp. Also, we will accommodate special dietary needs IF they are discussed with the camp staff several weeks prior to camp.

- 2. Please list the date of your child’s last Tetanus Booster. _____

- 3. Can your child swim in deep water? YES SOMEWHAT NO

- 4. Does your child have problems with sleep walking, falling out of bed, or wetting the bed? YES NO
If “YES” please explain. _____

5. Parent / Guardian Information

Home Phone () _____ Medical Insurance Company _____
Father’s Name _____ Medical Insurance Policy # _____
Place Employed _____ Phone () _____
Mother’s Name _____
Place Employed _____ Phone () _____

- 6. If parents are not available, who should be notified in case of an emergency?

Name _____ Phone () _____
Name _____ Phone () _____

Medical Release Form

Activity: Happy Haven Bible Camp – Sunday, July 30th through Friday, August 4th, 2017

TO WHOM IT MAY CONCERN:

As a parent and/or guardian, I do herewith authorize medical treatment, under the direction of any licensed physician, of the above minor, in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the numbers listed above.

I, the undersigned, assume the responsibility for any costs connected with such treatment and hereby release Happy Haven Bible Camp, the camp staff, and the cooperating churches from any liability thereof. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature of Parent or Guardian

Date