

Bethel Youth Camp Registration Form

Name _____ M ___ F ___ Birth Date ___ / ___ / ___ Shirt Size _____

Address _____ City _____ State _____ Zip Code _____

Phone () _____ Emergency Phone _____ (Other than 1st)

Parent or Guardian _____ Sponsoring Pastor _____

Liability Release/Parental Consent In consideration for being accepted by your sponsoring church for participation at Bethel youth camp. We being 21 years of age or older, do for ourselves or myself an for and on behalf of my child participant if said child is not 21 years of age or older, do hereby release, forever discharge and agree t hold harmless sponsoring church and bethel youth camp and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participation in Bethel Youth Camp.

Furthermore, we or I and on behalf of our my child participant if under the age of 21, herby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Furthermore, authorization and permission is herby given to camp or church to any necessary transportation, food and lodging for this participant.

The undersigned further herby does agree to hold harmless and indemnify said camp and church, its directors, employees and agents, for any liability sustained by said as a result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to b rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed under the medical practice Act on the medical staff or a licensed medical hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons, disciplinary action or otherwise, we do herby assume all transportation costs.

The undersigned does also herby give permission for our child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participation in activities sponsored by the Church.

Medical Information: Physicians Name _____ Phone _____

Hospital Insurance Yes ___ No ___ Policy # _____ Insurance Co. _____

Health Information: Please check all that apply, list medication taken daily, Give meds to nurse .

Hay fever _____ Poison Ivy _____ Insect bites/stings _____ Penicillin _____ Asthma _____

Immunization History: Please check all that apply.

DPT Series _____ German /Measles _____ Mumps _____ Polio _____ Tetanus _____ Other _____

Health History: Please check all that you have a history of medically:

Diabetes _____ Ear infections _____ Rheumatic Fever _____ Tuberoses _____ Epilepsy _____ Sleepwalking _____

Bedwetting _____ Convulsions _____ Other _____

Present medication: _____ **Dosage taken:** _____ **By what means** _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except noted by me. In the event I cannot be reached in an emergency, I herby give permission to the physician selected by the camp to hospitalize, secure treatment for , and to order injection, anesthesia or surgery for my child as named above.

We (I) have read and understand the Bethel Youth Camp Registration Policies. We (I) give permission for the Bethel Ministerial Association to use photos of my child (Me) in promotional literature, both now and in future publication, printed or electronic.

Father Signature _____ Date _____ Mother Signature _____

Participant Signature _____ Date _____ Guardian Sign _____

Bethel Youth Camp & Conference Center
12244 Bethel Camp Road
Dale, IN 47523

Camp Phone 812-922-5232
BMA Chairman Donald E. Horath
bmaministries.com

Bethel Youth Camp is an Outreach Ministry of the Bethel Ministerial Association, Inc.