DCBC Student Summer Camp
Camp Bethel 2008
No One Attends Without This Completed Form!!

Name:_____ **Social Security #:**_____-_____-_____*
First **Middle** **Last**

***SS# is required for medical reasons. If your child is sent to a clinic or hospital, the number will be required before the patient is admitted.**

Address: _____ **City:** _____ **State:** _____ **Zip:**_____

Gender (circle one): Male Female **Grade in Fall 2008: 1 2 3 4 5 6 7 8 9 10 11 12 Sponsor (19 +)**

Birth date: ____/____/____ **Age:**_____ **Church Attending:** _____

Circle T-Shirt Size: Youth: S M L **Adult: S M L XL XXL XXXL**

In Case of Emergency:
Name of Parent/Guardian/Spouse:_____ **Social Security #:**_____-_____-_____

Daytime Phone Number: _____**Evening:**_____ **Cell:** _____

Secondary Contact:_____**Phone:**_____**Relation to Camper:**_____

Immunizations Current: Yes ☐ No ☐ If No, please explain:_____

Medications: _____

- **Any prescription medication listed above must be checked in at the First Aide Station upon arrival**
- **Medications must be in their original pharmacy bottle with stated dosage or it cannot be dispensed**
- **Do not bring any Over-The-Counter Medications to camp – First Aide Station has all necessary items**

Allergies:_____

Previous Health Problems:_____

If Presently Under Doctor's Care, Doctor Must Complete This Portion

Physical Activity Restrictions: Yes ☐ No ☐ If Yes, explain fully:_____

_____

Doctor's Signature: _____ **Clinic:** _____

Address: _____**City:** _____**State:**_____**Zip:**_____

AUTHORIZATION

I hereby give my consent for the above named camper to travel with the sponsoring group and to take part in any and all activities occurring within the camp program. In the event I cannot be reached, I hereby give my consent for DCBC administration/leaders to sign for emergency medical care. I understand that every effort will be made to provide the safest environment possible at camp, but that accidents can and do occur. I agree not to hold liable the sponsoring church, the camp staff or DCBC leadership in case of an unforeseen event. I consent and give permission for the use of photographs of myself/child taken while at camp to be used in the promotion of DCBC Student Summer Camps on the DCBC website and printed materials. I have read and understand the camp rules (printed on back) and agree to abide by them during my stay at DCBC Student Summer Camp. If I do not abide by these rules, I understand that I could be sent home at my expense at the discretion of the DCBC Camp Director or camp administrators.

Parent/Guardian (If Camper Is a Minor):_____**Date:**_____

Signature of Camper (Sponsors & Students):_____**Date:**_____