

Teen Camp 9-12th grade _____
Junior High Camp 7-8th grade _____
Junior Camp 5-6th grade _____
Pioneer Camp 3-4th grade _____
Little Bugs Day Camp 2- 3 grade _____

Camper Name _____, _____
Last First

Male _____ Female _____

Grade beginning in Fall 2012 _____

Mailing Address _____

City _____ State _____ Zip _____

Parents or Responsible Party's Name(s)

Mailing Address _____

(If different from campers)

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Other Phone _____

Email _____

Name of Church _____

City _____ Pastor/Clergy's Name

If possible I would like to be in the same cabin as:

(1) _____ (2) _____

Permission

I give my permission for emergency medical attention for the above registered camper and for the activities initialed below

Signature of parent or guardian

Swimming _____ Zipline _____ Archery _____ Jungle Swing _____

Registration Fees:

_____ Pioneer Camp \$110*

_____ Junior Camp \$110*

_____ Junior High Camp \$125*

_____ Teen Camp \$125* *Teen campers who have not previously attended any EMBC camp may attend for \$75*

_____ Little Bugs Day Camp 30*

_____ Parent can accompany child 10* (for day camp only)

_____ Offering (optional)

_____ Snacks (optional) *Suggested amount is \$10 Campers bringing a 'first-time' EMBC camper can receive a \$5 credit on their snack card (not refundable)*

_____ T-Shirt/ Camp Gear \$12-20 (optional)

*- \$20 if registration is received before May 15th *

_____ Total Amount

** We understand that these may be trying economic times. Scholarships are available, contact Larry Albertson 583-7573 or e-mail embc@midrivers.com

New for 2012: Crafts are now included in the registration fees for Pioneer and Junior camps, so any child who wishes to do crafts may do so. Be sure to sign up for crafts at registration if your child is interested.

EASTERN MONTANA BIBLE CAMP HEALTH AGREEMENT

Family Physician _____ Address _____ Phone _____

Your Insurance Carrier Policy/Group # _____

How may you be contacted in case of an emergency? _____

Person to contact if family can't be contacted _____ Phone _____

Person(s) other than named above, to whom the camp may release the child upon request.

_____ Do you have any known allergic reactions (include food, medicine, plants, insects)?

_____ Do you have any illnesses requiring medication? _____

Medication _____ Dosage _____ Prescribed by _____

Medication _____ Dosage _____ Prescribed by _____

All medicines must be sent with the camper and be reported and checked in with the camp nurse

If your child is taking behavior modification medicine, please continue medication through camp

What kinds of situations might cause your child distress?

_____ Does your child wear Medic-Alert Tags? Yes _____ No _____ Where? _____

Is your child subject to: (Answer yes or no)

_____ Abdominal Pain _____ Ear or Sinus Trouble _____ Heart Trouble _____ Asthma

_____ Epilepsy _____ Nose Bleeds _____ Bedwetting _____ Fainting Spells _____ Sleep

Walking _____ Cramps _____ Hay Fever _____ Tonsillitis _____ Diabetes _____

Headaches _____ Other _____

Describe child's reactions or other information we should know

(e.g. Disabilities): _____

Date of your last tetanus shot? _____

List any chronic illness or other condition for which your child needs treatment. (Explain - This is for a physician who might need to treat your child in case of illness or injury or for the insurance company.)

_____ Authorization I _____ being the parent or legal guardian of _____ affirm that this form is complete and accurate to my knowledge and grant permission for her/him to participate at Eastern Montana Bible Camp. I will not hold the sponsoring organization or host facility or their representatives responsible in case of an accident. I give permission for the Camp Nurse to administer simple medications such as aspirin, Tylenol, Pepto Bismal, cough syrup, etc., to my child. In case of a medical emergency, if I cannot be reached, I give permission for the director of the Camp to contact a physician. If I cannot be reached, I give permission for the attending physician to treat her/him in an emergency situation.

I AGREE TO THE TERMS ABOVE:

_____ (Signature of Parent or Guardian) (Mailing Address, City, Zip)

_____ (Date) (Work Telephone)