## PLEASE COMPLETE BOTH SIDES OF THIS FORM, SIGN, AND RETURN IT TO US WITH THE \$50 NON-REFUNDABLE REGISTRATION FEE. 423-288-4532 or 423-288-2713

A non-refundable \$50 registration fee is required to be sent with each registration form and is *included in the cost of camp*. Also, if there is more than one child within the immediate family attending overnight camp, the cost for the first child is \$175.00, the cost for the second child or week is \$165.00, and the cost for each additional child/week decreases by \$10.

PLEASE READ all the information on this form before filling it out.

NOTE: Both the parent AND the child must sign the registration form. Mail to us as soon as possible so your space can be reserved.

Name			Age	Boy Girl
				Zip
		Email:		
Please place	a check on the line	after the week(s) you	ur child plans	to attend camp:
Overnight Weeks	<u>Гееп:</u> June 11-15	July 23-27		
\$175.00/wk <u>J</u>	June 18-22 July 9-13	June 25-29 _ July 16-20 _		
Day Camp Weeks \$135/wk	June 18-22 July 9-13	June 25-29 _ July 16-20 _		
Camper's birth date This will be camper's Church attended Phone numbers:		Grade completed School attended		
Business  Cell Other  Please list all people all  You or someone on afternoon.  Bancroft Bible Camp sound Bible teaching, n selors are here to meet Jesus Christ and to instinue Bancroft Bible Camp ministering for over 90	the above list must sign y YOUR CHILD WILL NOT B was established to give child nissionary challenges, safe ca the needs of the campers. It i ill a love for the Word of Go celebrates 80 years of campi tears. The ministry is incorp	Person Person Person  hild:  your day camper out each a E ALLOWED TO GO WITH All dren and teens a time of spiritua abins, nourishing food, team pass the desire and aim of our staff.	afternoon and your NYONE WHO IS NO al, physical and social articipation and adult if to bring campers into pel Ministry, a faith me as a non-profit orga	jr. camper out on Frida TON THIS LIST! benefit. Our program offer supervision. Dedicated cou to a living relationship with hission work that has been nization, and licensed by the
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HEALTH INCODMATION
HEALTH INFORMATION It is important that we have the following information in case of emergency:
Name of your Medical Insurance Carrier
Address
Subscriber #Group #
Date of last tetanus/booster shot Does child have allergies? What?
Does child have diabetes, epilepsy, earaches, asthma, headaches, chronic stomach aches, bedwetting, or other?
If so, please describe
Is child on medication? What?
Is your child allowed to have "over the counter" medicine if needed? Yes No
Your child will not be allowed to be in the deep end of the pool unless they pass the swim test given by the lifeguard.
NOTE:
All medication must be brought in original containers with original label and given to the camp nurse at registration.
Rules for acceptance in the camping program are the same for everyone without regard to race, color or national origin.
Cancellations: Please notify us immediately so that a camper on the waiting list can be contacted.
DADENIT MEDICAL AND LIADULTY DELEASE STATEMENT
PARENT MEDICAL AND LIABILITY RELEASE STATEMENT  ◆ I understand that in the event medical intervention is needed, every attempt will be made to contact immediately
the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the camp director, camp nurse or ministry director to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.
♦ I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Bancroft Gospel Ministry through its accident policy will be used as a back up for what my family's insurance does not cover.
♦ I understand all reasonable safety precautions will be taken at all times by Bancroft Gospel Ministry and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Bancroft Gospel Ministry, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject on this form.
• I give permission for my child to be transported off of Bancroft's campus for a scheduled activity and to ride in a vehicle with a driver designated by the camp or ministry director.
♦ I understand that Bancroft Gospel Ministry reserves the right to discipline or dismiss my child from camp with forfeiture of fees if he/she is non-cooperative or non-compliant.
♦ I further agree to indemnify and hold Bancroft Gospel Ministry harmless against any and all costs, damages, and expenses which may be incurred by them as a result of any claim I may make, actions I take against the camp, or lawsuits I may file against them.
◆ I give permission for my child's picture to be used in future camp publications and/or on the internet.
♦ I agree to the above Parent Medical and Liability Release Statement.
Parent/Guardian Signature
Date
Camper Signature





Date \_\_\_\_\_