

RSI Training Camp 2017

REGISTRATION

Camper Name _____

Address _____

City _____

State _____ Zip _____

Date of Birth ___/___/___

Age at time of camp _____ Grade _____

Male/Female _____

Parents/Guardians with whom you reside:

Father _____ Mother _____

Home _____ Home _____

Work _____ Work _____

Cell _____ Cell _____

Register

_____ RSI 2017 13-18 yr.

DATE: April 28-30
COST: \$40

HEALTH INFORMATION

Health History:

Asthma Y N Sleepwalking Y N

Medical Conditions:

Does your child take daily medications? Y N
(If yes, please list on the reverse side)

Allergic to:

Insect Stings Y N Penicillin Y N

Other Drugs: _____

Foods: _____

Are immunizations up to date? Y N

Date of last Tetanus Booster: ___/___/___

Insurance Information:

Company _____

Policy # _____

Emergency Contact other than Parent:

(In case we are unable to reach parent.)

Name _____

Home _____

Cell _____

Relationship to Camper: _____

Liability:

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named on this card.

Parent/Guardian _____

Date ___/___/___

PAYMENT OPTIONS

Fill out completely and include with the camp registration.

Adult Name _____

Contact Number _____

REQUIRED:

\$20.00 Deposit (non-refundable)

() Deposit applies to camp fee.
If deposit is not paid, camper is not officially registered for camp.

\$ 20.00

OPTIONAL:

() I will pay balance in full upon arrival.

() I will pay remaining balance now.

\$ _____

Total: \$ _____

Checks – payable to Riverside

\$20.00 DEPOSIT per person, must accompany this form.

The balance is due upon arrival. This fee is not transferable or refundable unless there is no room in the camp. Your registration provides Riverside Bible Camp the authorization to use photos and videos of your child and registered group for promotional purposes. Feel free to photocopy this form for additional children.

OFFICE USE ONLY:

REG. RCVD _____ DEPOSIT _____ C/# _____

CAMP FEE _____ C/# _____ CANTEEN _____ C/# _____

SPECIAL NOTES _____

RIVERSIDE BIBLE CAMP

6355 County Road DD
Amherst, WI 54406
715-824-3198

Registration due no later than April 21st

Buddy Groups: A buddy group consists of yourself and one or two other people. Buddies must be requested at time of registration. Buddies must request each other for the request to be considered. Please Note: Cabin buddies are not required.

Buddy #1 _____

Buddy #2 _____

HEALTH CHECK-IN

CAMP USE ONLY.

Do not write in this section. This section will be filled out by the camp nurse on site at the time of check-in.

EXAMINATION:

TEMP _____
LUNGS _____
THROAT _____
EYES _____
EARS _____

Comments:

Health History Notes:

Medical Condition Notes:

CHECKED BY: _____

DATE: _____

MEDICATIONS

CAMP USE ONLY.

Do not write in this section. This section will be filled out by the camp nurse on site at the time of check-in.

MEDICATION

FREQUENCY

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____