

REGISTRATION

Camper Name _____
 Address _____
 City _____
 State _____ Zip _____
 Birthdate _____ Age at time of camp _____
 Grade _____ Male/Female _____
 Parents/Guardians with whom you reside:
 Father _____
 Mother _____
 Home _____
 Cell _____
 Email _____

Register

Fee

___ IGNITE (Junior High)	6th-8th Ages 12-14	\$65
___ INFUSE (Senior High)	9th-12th Ages 14-18	\$65

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 _____ # 2 _____

Church Name _____

\$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 you and registered group for promotional purposes.

HEALTH INFORMATION

Health History:

Asthma Y N Sleepwalking Y N

Medical Conditions: _____

Does your child take daily medications? Y N

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 Person:

(In case we are unable to reach parent.)

Name _____

Phone _____

Cell _____

Relationship to Camper: _____

Liability:

In case of emergency, I understand 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 name on this card.

Parent/Guardian _____

Date ___/___/___

PAYMENT OPTIONS

Fill out completely and include with the camp registration.

Parent's Name _____

Address _____

City _____

State _____ Zip _____

Email _____

REQUIRED:

\$20.00 Deposit (non-refundable)

\$ 20.00

() Deposit will be paid using the Pay Pal option on the camp website. (If payment deposit is not paid, camper is not officially registered for camp.)

OPTIONAL:

() Camp fee enclosed (less 20.00 deposit):

\$ _____

() I will pay balance in full using the Pay Pal option on the camp website

\$ _____

Total Due:

Balance is due upon arrival if not paid prior to the start of camp.

\$ _____

Checks/payable to Riverside

OFFICE USE ONLY:

REG. RCVD _____ DEPOSIT _____ C/# _____

CAMP FEE _____ C/# _____

SPECIAL NOTES _____

RIVERSIDE BIBLE CAMP

6355 County Road DD Amherst, WI 54406

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:

CHECKED BY: _____

DATE: _____

Health History:

Medical Conditions:

Medication

Dosage

_____	_____
_____	_____
_____	_____
_____	_____

CHECKED BY: _____

DATE: _____