

SUMMER CAMP 2022

Register online at: www.riversidebiblecamp.org

Camper Name _____

Address _____

City _____

State _____ Zip _____

Date of Birth ___/___/___ Age at time of camp ___

Grade this fall _____ Male/Female _____

Parents/Guardians with whom you reside:

Same address as above? Y/N (please provide on back)

Father _____ Mother _____

Home _____ Home _____

Cell _____ Cell _____

Email: _____

Register according to the age camper will be this summer.

		Tier 1*	Tier 2**
___ Adventure Camp	6-8 yr.	\$105	\$130
___ Junior Camp	8-10 yr.	\$185	\$220
___ Junior High Camp	11-13 yr.	\$185	\$220
___ Senior High Camp	14-18 yr.	\$200	\$235
___ TREK Program <input type="checkbox"/> 1 <input type="checkbox"/> 2	14-18 yr.		\$225

*Tier 1: reflects our cost-compassionate (donor-subsidized) rate for families who may not be financially able to pay the full program cost.

**Tier 2: reflects the actual cost of sending a camper to Riverside. If you are financially able, please pay this amount.

If registered by June 1st, receive \$10.00 off the registration fee.

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 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 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:

\$25.00 Deposit (non-refundable) \$ 25.00

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

OPTIONAL:

() I will pay balance in full now: \$ _____

() Additional funds for the Camp Store/Snack Shop enclosed: \$ _____

Total Amount Enclosed \$ _____

Checks: make payable to Riverside

\$25.00 DEPOSIT per person, per week 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. Please allow 3-4 weeks for confirmation. 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/# _____

CONFIRMATION SENT _____

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:

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____