

2009 Summer Camp
Registration Card

Big Sandy

Camp & Retreat Center
 52511 185th Pl., McGregor, MN 55760
 PHONE: 218-426-3389
 Fax: 218-426-3394

first time BSC camper? yes no

male female

camper name _____ birthdate ____/____/____

address _____ city _____

state _____ zip _____ grade next fall _____ age at camp _____

parent/guardian _____ e-mail _____

home phone(____) _____ work phone(____) _____ cell phone (____) _____

Junior I and Junior High I (entering grades 4-9)*	June 8-13	\$212	\$212†
Jr. High II (entering grades 7-9)	June 22-27	\$220	\$212†
Kid's Camp (entering grades 2-3)	June 28-July 1	\$144	\$138†
Junior II (entering grades 4-6)	July 6-11	\$220	\$212†
Jr. High III (entering grades 7-9)	July 13-18	\$220	\$212†
Junior III (entering grades 4-6)	July 20-25	\$220	\$212†
Sr. High (entering grades 10-12)	July 27-Aug. 1	\$220	\$212†

*New camp with both age groups (Send all your kids at once!) †Early Bird Rate


I would like to room with: 1. _____ 2. _____ if possible.

home church _____ city _____ state _____

Optional: Circle ethnic background:

White Black Hispanic American Indian Asian Other

Important: Please initial if camper is riding the Twin Cities bus home from camp and attach a completed

bus transportation registration form _____ 

I give permission to these people to pick up my camper _____

The following may not pick up my camper _____

Health insurance company _____

Please attach a copy of the front **and** back of insurance card.

Group # _____

Physician's name _____ Physician's phone # (____) _____

In case of emergency (if parent is unavailable), notify: _____

Home Phone (____) _____ work phone (____) _____ cell phone (____) _____

Please do not list "call block" numbers.

HEALTH HISTORY

	YES	NO		YES	NO
Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	skin problem	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	bed wetting	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	allergic to:		
Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	insect stings	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	other _____		

IMMUNIZATION RECORD

	YES	NO		YES	NO	Weight of camper
Polio	<input type="checkbox"/>	<input type="checkbox"/>	whooping cough	<input type="checkbox"/>	<input type="checkbox"/>	12 years and
Small pox	<input type="checkbox"/>	<input type="checkbox"/>	measles	<input type="checkbox"/>	<input type="checkbox"/>	under _____
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	rubella	<input type="checkbox"/>	<input type="checkbox"/>	
Date of last tetanus booster _____						

List any activity restrictions, dietary restrictions, eating disorders, health problems and/or medication (Rx or OTC) relating to your child. Please give a description of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp. Attach additional sheet if needed.

If the health history identifies health problems or activity limitations, a physical examination must be performed by a licensed physician within one year before admission to camp, including instructions relative to the limitation of the camper's participation in camp activities or medication requirements.

CONTRACT

I give permission to Big Sandy Camp to dispense medications (Rx and OTC medication) to my child to manage illness and injury as directed by Big Sandy Camp medical protocol.

"In case of emergency, if I cannot be contacted, 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 above."

I understand that every effort will be made to protect and safeguard all campers. I understand a reasonable attempt will be made to contact me concerning any serious illness or injury involving my child. I agree not to hold Big Sandy liable for any illness or mishap from any cause whatsoever.

I also give the camp full authority in dealing with problems of discipline. I understand that any camper disregarding camp rules is subject to being sent home with no refund of camp fees. I understand that any camper who willfully destroys property will be held responsible and charged accordingly.

I give Big Sandy permission to use comments, photos and video of the camper named above in its promotional materials.

All above information is correct as listed.

Signature of parent / guardian _____

Signature of camper _____

Please enclose full camp fee

Additional \$5.00 enclosed for camp scholarship fund

Optional: Enclose additional ~~\$12~~ \$10 for weekly camp DVD \$____

My check for \$_____ is enclosed. Check # _____

Please charge \$_____ to:

Check appropriate box

Card # _____ - _____ - _____

MasterCard

Expires _____ / _____ Daytime Phone (____) _____

Cardholder's

Visa

Signature _____

Office Use Only:

Date	Amount	Check/ Charge #