

# 2010 Summer Camp Registration Card



52511 185<sup>th</sup> Pl., McGregor, MN 55760  
PHONE: 218-426-3389  
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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 (\_\_\_\_) \_\_\_\_\_

Wilderness Adventure Trip (18+ years old)	May 24-29	\$295	\$295
Junior and Junior High I (entering grades 4-9)*	June 14-19	\$245	\$225†
Climbing/Kayaking Trip (9-12 <sup>th</sup> grade)	June 27-30	\$260	\$260
Kid's Camp (entering grades 2-3)	June 27-30	\$150	\$130†
Jr. High II (entering grades 7-9)	July 5-10	\$245	\$225†
Junior II (entering grades 4-6)	July 12-17	\$245	\$225†
Jr. High III (entering grades 7-9)	July 19-24	\$245	\$225†
Sr. High (entering grades 10-12)	July 26-31	\$245	\$225†
Junior III (entering grades 4-6)	Aug. 2-7	\$245	\$225†
Wakeboard Camp (7 <sup>th</sup> -12 <sup>th</sup> grade)	Aug. 2-7	\$245	\$245
Wilderness Adventure Trip (9 <sup>th</sup> -12 <sup>th</sup> grade)	Aug. 9-14th	\$295	\$295

\*Two (2) age groups (Send all your kids at once!) †Early Bird Rate by April 1<sup>st</sup>, 2010

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 \_\_\_\_\_ Group # \_\_\_\_\_

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

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	[ ]	[ ]	heart trouble	[ ]	[ ]
Asthma	[ ]	[ ]	skin problem	[ ]	[ ]
Convulsions	[ ]	[ ]	bed wetting	[ ]	[ ]
Diabetes	[ ]	[ ]	allergic to:		
Ear trouble	[ ]	[ ]	penicillin	[ ]	[ ]
Emotional problems	[ ]	[ ]	insect stings	[ ]	[ ]
Epilepsy	[ ]	[ ]	other _____		

## IMMUNIZATION RECORD

	YES	NO		YES	NO	Weight of camper
Polio	[ ]	[ ]	whooping cough	[ ]	[ ]	12 years and
Small pox	[ ]	[ ]	measles	[ ]	[ ]	under _____
Diphtheria	[ ]	[ ]	rubella	[ ]	[ ]	
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 \$10 for weekly camp DVD \$ \_\_\_\_\_

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

Please charge \$ \_\_\_\_\_ to:

Check appropriate box:

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ [ ]

Expires \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Cardholder's

Signature \_\_\_\_\_



*Office Use Only:*

Date	Amount	Check/ Charge #