

# SUMMER CAMP REGISTRATION

To register on-line go to [www.miraclebible.com](http://www.miraclebible.com)



## CAMPER INFO

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Grade (Upcoming Fall) \_\_\_\_ 1<sup>st</sup> Time Camper?  Yes  No

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Roommate Request (One ONLY) \_\_\_\_\_

## PARENT/GUARDIAN INFO

Note: List only persons who are authorized to approve medical treatment or to make other decisions for the camper. Please notify the camp of any potential custodial concerns.

Father \_\_\_\_\_

Mother \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Email \_\_\_\_\_

Home Ph ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Is this a new home address?  Yes  No

Home Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_

## ALTERNATIVE CONTACT INFO

Note: List additional person who may be able to help us reach parent or guardian.

Name \_\_\_\_\_

Home Ph ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

## CAMP INFO

**NOTE: A \$50 min. deposit must accompany this form.**

Financial aid is available by request for those who need assistance to attend camp. Please make your request on the registration form below.

**Circle T-Shirt Size: Youth S M L Adult S M L XL**

**NOTE: Free T-shirt requires registration by April 1**

Camp Session # \_\_\_\_ Camp Name \_\_\_\_\_

\$ \_\_\_\_\_ Camp Fee (Discounted price if registered by 4/1)

- \_\_\_\_\_ Enclosed Deposit (Min. \$50)

- \_\_\_\_\_ Assistance Requested (\$25, \$50, \$100, Other?)

= \_\_\_\_\_ **Balance Due** (On or Before Arrival)

## HEALTHCARE INFO

**Healthcare Information below MUST be submitted with a guardian signature to complete this registration.**

Family Doctor \_\_\_\_\_

Hlth Insur. Co. \_\_\_\_\_ Pol. #: \_\_\_\_\_

(Parent's health insurance must pay for illness that is treated while the child is at camp. Our camp carries limited accident insurance which pays for the cost of treating an accident if the parent's insurance does not.)

**Health History** (Please check all that apply):

- Ear Infection  Bowel Problem  Bed-wetting  
 Strep Throat  Diabetes  Respiratory Problem  
 Asthma  Heart Problem  Epilepsy

Other: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medically Required Special Diet:**

Gluten-Free  Diabetic  Lactose-Intolerant

Other: \_\_\_\_\_

**Medications** (Include Name, Dosage, Instructions):

\_\_\_\_\_  
\_\_\_\_\_

**Medications must be labeled and in original container (NO other types of containers). Meds will be turned in to the camp nurse at registration.**

**Consent to Medicate:**

May the camp staff give Tylenol or non-aspirin product as needed for headache/pain?  Yes  No

May the camp use calamine lotion for bug bites or antibiotic ointment and/or hydrogen peroxide as needed for cuts, burns, etc.?  Yes  No

**Date of Last Immunization:** Actual Date (Month/Date)

DTP/Tetanus (Date) \_\_\_\_\_ MMR (Date) \_\_\_\_\_

**I hereby:**

- Affirm there is no need for a doctor's examination prior to camp based on current health or that such an exam will be obtained with recommendations supplied to camp staff.
- Authorize camp staff to give medications based on the above instructions.
- Authorize qualified camp personnel to give emergency medical care and determine the need for a physician's service.
- Release Miracle Bible Camp, its staff and volunteer workers from any liability or claims which may arise related to my child's participation in programs or trips sponsored by Miracle Bible Camp.

**Your signed registration provides Miracle Bible Camp the authorization to use photos and videos of your child for promotional purposes.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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