

CAMPER REGISTRATION

Camper Name _____ Camper e-mail _____

Mailing Address _____ City _____ ST _____ Zip _____

Grade Completed in May 2012 _____ Boy Girl Birthday _____ Age _____

Parent's Name[s] _____ Parent e-mail _____

Home phone _____ Cell _____ Home Church _____

Attending Camp [A] [B] [C] [D] [E] [F] [G] [H] 1st time camper Repeat camper

I wish to stay in a cabin with: [one name only please] _____

Emergency contact: Name _____ Phone _____ Relationship _____

Circle all that apply to camper:

Wets bed Asthma Bee sting reaction ADD/ADHD Current tetanus shot

Allergies _____

Is it acceptable to administer Tylenol and antihistamine to the camper named above? YES NO

Are there any other restrictions/limitations/medications we should know about? Attach note.

MEDICAL RELEASE

I give permission for my child to receive medical treatment in the event of an emergency. I understand that VCBC provides only limited accident/sickness medical coverage and that I am responsible for any additional charges arising from any illness/injury that may occur.

LIABILITY RELEASE

I understand that there are inherent hazards and risks in all camping activities [games, swimming, etc.] and release my child to participate in all camp activities except as noted under camper medical history information.

OFF CAMP RELEASE

I give my permission for my child to be transported by camp bus and participate in trips to Pierre for swimming, and area campgrounds for outings.

[Required signature of parent or guardian]

PICTURE RELEASE [optional]

I give permission for my child's picture to be used in camp website publications. [name, address, or phone number will never be published]

[Optional signature of parent or guardian]

CAMPER COMMITMENT

I will obey the camp rules and conduct myself as instructed. I understand that failure to do so may result in being sent home without financial reimbursement.

[Required signature of camper]

FINANCIAL INFORMATION

Make payment to 'Victory Center Bible Camp'

*I have included \$ _____ for registration fees.
[after May 15 late fee applies]

* _____ I am interested in a camper scholarship.
Please contact me about details.

MAIL TO:

BEFORE June 1 Ken Toews PO Box 524
Kadoka, SD 57543

AFTER June 1 Victory Center Bible Camp
% General Delivery
Ft Pierre, SD 57532

Need More Registration Forms?

- Print one from our camp website.
- Feel free to make a copy of this one.

OFFICE USE ONLY

Pre/Late

Cash/Check

Bank

Purchase