

Camper Name: _____ Male Female

Last First Middle Initial

Street Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ @ _____ Immersed? Yes No

Grade Entering in the Fall: _____ Age: _____ Birthday: ____/____/____ Home Church: _____ City: _____

Please Check the Box of Parent (s) the Camper Currently Lives With.

Father: _____ Home Phone: (____) _____ Work/Cell Phone: (____) _____

Mother: _____ Home Phone: (____) _____ Work/Cell Phone: (____) _____

In Case of Emergency, and Parents cannot be reached, please notify:

Name: _____ Home Phone: (____) _____ Work/Cell Phone: (____) _____

Please Enter Week # from the Schedule Listed in the Brochure for the Camp You Wish to Attend:

First Choice: _____ Second Choice: _____

Please Enter Cabin Choice. Boys choose 1 or 2. Girls choose 3 or 4. Sections are A-E.

Cabin Choice: _____ Section Choice: _____

DEPOSIT & SIGNATURE REQUIRED



Expiration Date: ____/____/____

Credit Card #: _____

Cardholder Signature: _____

Church Pays: _____
Church Signature Req'd: _____

For Office Use Only:

Date Received: _____
Amount Enclosed by Camper \$ _____
Check: _____

Medical Information:

Insurance Company: _____

Policy Number: _____

Family Doctor: _____

Doctor City: _____ Doctor Phone: _____

Current Medications: _____

Date of Last Tetanus Shot? ____/____/____ (if not completed, tetanus shot will be given in case of emergency)

Medical History:

Allergies:

- Measles Seizures Penicillin
- Diabetes Asthma Poison Ivy
- Mumps Whooping Cough Bees
- Other: _____

Does your child take regular medication and/or have a medical need or disability?

Yes No If you answered "Yes", we will be contacting you. There is an additional form that you will need to fill out. Please consider registering ONLINE. Thank you.

IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the Camp Management to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child named on the reverse side of this card. I understand however, that every effort will be made to contact me in case of such an emergency and if possible, before any such medical treatment is administered.

Unless, stated below, I hereby give permission for my child named on the reverse side of this card to participate in all activities including ropes course (SOAR Challenge) and I have read the "Agreement to participate: Assumption of the Risk and Release" on the bottom of the card.

I hereby release Butler Springs from any responsibility other than normal supervision and care. In case of accident, I will not hold Butler Springs Christian Camp or its Staff Members, Management, or Officers liable unless guilty of gross disregard for the safety and welfare of the camper.

I give permission for any appropriate photographs/videos of my child to be used for future Butler Springs promotional purposes.

Signature of Parent or Legal Guardian Date

No, I do not give permission for my child named on the reverse side of this card to participate in the Ropes Course.

IF I AM UNABLE TO PICK UP MY CHILD at dismissal, I give permission to: _____ to bring my child home. (Sign out procedures are required for Day Camps, Beginners, Middlers and for Campers Leaving Early or with someone other than parent.

Agreement to Participate: Assumption of Risk & Release

The Challenge Course is an activity based program that has been used successfully to build teams and promote trust here at Butler Springs. Groups range from Summer Camps, Sports Teams, Leadership Teams, Corporations, Civic and Church Youth Groups and many others. I understand that in the said activities the Applicant is requested to participate and that certain risks and dangers may occur. These include, but are not limited to hazards depending on other people and being at various heights (0 to 100'), accidents or illness in remote places without medical facilities, the forces of nature and travel by air, boat, automobile and other conveyance. The undersigned further recognizes risks may include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including resulting from this Challenge Course Experience or other type of outdoor activities. I further understand that in participating in the activities that I am requesting to participate in, I will be exposed to the elements of nature including inclement weather. I further understand that medical treatment may be several hours away in the event of a medical emergency. I understand that my participation in Butler Springs is entirely VOLUNTARY and that I may excuse myself from participation if I so desire.

THIS BOX TO BE SIGNED AT DISMISSAL TIME ONLY!

Camper Picked up by: _____
On (Date): _____
At (Time): _____