

# CAMP LOGOS REGISTRATION FORM

July 24 – July 29, 2016

www.CampLogos.org

Make checks payable to: Camp Logos

Total Cost: \$150 if paid after May 15, or early discounted rate of \$125 if paid by May 15

For families with more than (3) children going to camp, the 4<sup>th</sup>, 5<sup>th</sup>, etc. go for free!

Mail to Athens Bible Church, attn Steve Benson, 42 Poston Rd, The Plains, OH 45780

For Questions, Contact Steve Benson at (740) 503-3083

Male \_\_\_ Female \_\_\_ Grade as of 1/1/16 \_\_\_\_\_  
Camper's name \_\_\_\_\_ Birth date \_\_\_\_\_ Age at camp \_\_\_\_\_  
Address \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

### Camper's Health History:

Please list any serious allergies such as food allergies, bee stings, serious ivy, oak, etc. \_\_\_\_\_

Please list any medicine allergies \_\_\_\_\_

Will any medicines be given to camper to take during camp week? Yes \_\_\_ No \_\_\_ (check one)

Are all immunizations up to date including tetanus shot? Yes \_\_\_ No \_\_\_ (check one)

I give permission for Tylenol, Pepto-Bismol, Benedryl, Advil (over the counter drugs) to be administered if needed at camp. Yes \_\_\_ No \_\_\_ (check one)

In emergency notify \_\_\_\_\_ Relationship \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_ Alt. Phone# (\_\_\_\_) \_\_\_\_\_

### Other guardians or persons who can contact guardians:

Person \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

Person \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

**In case of emergency:** I understand every effort will be made to contact parents or guardian of camper in case of an emergency. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. I also give my child permission to be transported to a hospital by ambulance if necessary.

Choose one:  I give  I do not give permission for the director(s) of the Camp to use pictures of my child (print) \_\_\_\_\_ on their website or in printed materials for information /promotional purposes.

Amount enclosed: \$ \_\_\_\_\_ Print parent/guardians name \_\_\_\_\_

Signature of custodial parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Please fill this form out in black ink and be sure to fill in all the blanks

Please give all medications to camp personal at time of registration

List any insurance information that your child may have while he/she is at camp on the back.