

## Registration Form for Summer Camp 2014

One application per child, per camp week. Print in ink. A \$50 (\$30 for Day Camp) non-refundable registration fee must accompany this form to reserve your space; balance due upon arrival. Registration forms must be received by June 1st for teen campers and July 1st for junior campers. Notarization is optional, but recommended. (It can expedite emergency medical attention). Send completed application form to:



**Bible Center Church, 100 Bible Center Drive, South Charleston, WV 25309**

<b>CAMPER INFORMATION</b>				
Camper Name:			Age:	
Date of Birth:     /     /			Grade in Sept 2014:	
Mailing Address:	Street or PO Box	City	State	Zip Code
Home Phone: (     )     -		Cell Phone: (     )     -		
Parent/Legal Guardian Name:				
Email Address:				
Name of Home Church/Group: <b>Bible Center Church - Charleston, WV</b>				

<b>EMERGENCY CONTACT INFORMATION</b>	
Emergency Contact:	Relationship:
Emergency Contact's Phone: (     )     -	

<b>CAMPER MEDICAL INFORMATION</b>
List allergies, dietary needs, other pre-existing medical concerns (attach separate page if needed):
List medications camper is taking (Camper must be able to administer his/her own meds):
My child may be given over-the-counter medications as needed: (e.g. Tylenol, Benadryl, etc.)
_____ (Parent Signature)
Doctor's Name:
Doctor's Phone: (     )     -

<b>CAMPER'S INSURANCE INFORMATION (REQUIRED)</b>		
_____ (Camper's Insurance Provider)	_____ (Policy Number)	_____ (Name of Policy Holder)

<b>CAMP DETAILS</b>	
Choose your week:	Junior Camp     [ ] 1     [ ] 2 <input checked="" type="checkbox"/> 3     [ ] 4
<b>July 21-25, 2014</b>	
Request One Cabin-mate: _____ (Cabin-mate of same grade or 1 grade higher/lower must also request you)	

## CAMP EXTRAS

Cabin Photo (\$8)     Camp Picture (CD \$6)     Camp DVD (\$12)

### T-shirt Size

Youth Size     Small     Medium     Large

Adult Size     Small     Medium     Large     XL     XXL

(Due to limited quantities, t-shirts may not be ordered on the day of registration)

## CAMP DISCOUNTS

Bring-A-Friend Discount: I am a returning camper bringing \_\_\_\_\_ as a first time camper. (Friend's Name)

Alpine Association Discount

Alpine Scholarship

Sponsor Discount: \$100 (bring at least 10 paying campers)

Family Discount:     2<sup>nd</sup> Child (\$15 off)     3<sup>rd</sup>+ Child (\$10 off)

## ADVENTURE OPTIONS

(Changes at Registration are not guaranteed)  
Activity fees are non-refundable

Juniors: (Choose up to 2)

Horseback Riding (\$25): 8+ years

Scuba (\$25): 10+ years

My signature certifies that the registrant (camper) is in good health and may participate in the activities of Alpine Bible Camp. Exceptions are listed. In case of medical emergency, when a legal guardian cannot be reached, I authorize Camp officials to secure appropriate medical personnel to hospitalize, secure treatment for, and to order injection, anesthesia, dentistry, or surgery for the camper named on this form. Should it become necessary for the camper to return home because of illness, or for any other reason, I will abide by Alpine's decision. I give permission to use photos including my camper in camp publicity (brochures, social media, etc.). My signature certifies that the camper will abide by all regulations governing personal conduct and use of the camp property and will participate fully in the camp program.

X \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Parent or Guardian

OPTIONAL: For Notary Use Only			
State of:	County of:		
The foregoing instrument was acknowledged before me this			
_____	_____		
Day	By		
My commission expires:	Month	Day	Year

FOR OFFICE USE ONLY	
Date Received	
Payment Amt	MC    Visa    Cash
Check/MO #	
Confirmation Sent	
Staff Initial	