

**VICTORY HEIGHTS BIBLE CAMP – SUMMER 2010
REGISTRATION AND MEDICAL RELEASE FORM
FOR (CHECK ONE) TEEN CAMP _____ JUNIOR CAMP _____
PRIMARY CAMP _____ BACK TO SCHOOL FISHING CAMP _____**

-----SEND TO BRANDON YUILL, 1703 15TH AVE, SCOTTSBLUFF, NE 69361 -----

Camper's First Name _____ M.I. _____ Last _____

Age _____ Birth Date _____ Grade Completed _____ M _____ F _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone # _____ Home Church _____ Pastor _____

**** Attendance at all camps is a privilege contingent upon the cooperation of each young person. Victory Heights Bible Camp is a Christian organization, and Christian standards of conduct, dress and attitude are expected from each camper. ****

I will not hold American Missionary Fellowship or Victory Heights Bible Camp responsible in case of accident or sickness. I do understand that each camper is covered by insurance.

Parent's signature: _____

I will cheerfully obey the camp rules and conduct myself as I am instructed.

Camper sign here: _____

OFFICE USE ONLY:

Pre-Registration: _____

Payment In Full: _____

Gift: _____

Offering: _____

Canteen: _____

MEDICAL INFORMATION

Date of last Tetanus shot? _____

Does your child have an allergic reaction to penicillin? ___ To bee stings, bites, etc.? ___

To other medicines? ___ If yes which ones _____

Is there any medical information you feel we should have concerning your child? _____

ALL MEDICINE MUST BE TURNED OVER TO THE CAMP NURSE OR DIRECTOR

EMERGENCY NUMBERS:

Drs. Name _____ Phone # (____) _____

Parent/Guardian's Name _____ Home Phone # (____) _____

Place of work _____ Phone # (____) _____

Other contact in case of emergency:

Name _____ Phone # (____) _____

As parent or guardian, I authorize the treatment by a qualified and licensed medical doctor of the said minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

Parent/Guardian _____ Date ____/____/____

I give permission to have my child's picture put on the VHBC website and on Camp Brochures and any other Camp promotional materials.

Circle: YES or NO Initial: _____

I give permission for the Camp Director and Board Members of Victory Heights Bible Camp to send inspirational emails and converse with my child through-out the school year. I also understand that as a parent or guardian, I can call or email at any time to stop correspondence.

Circle: YES or NO Initial: _____

Campers Email Address: _____

- Receive email updates throughout the year!
- Send your child an email note while at camp
- Prayer requests as well as Praise announcements

Parents Email Address: _____