

**VICTORY HEIGHTS BIBLE CAMP – SUMMER 2011  
REGISTRATION AND MEDICAL RELEASE FORM  
FOR (CHECK ONE) TEEN CAMP \_\_\_\_\_ JUNIOR CAMP \_\_\_\_\_  
PRIMARY CAMP \_\_\_\_\_ BACK TO SCHOOL FISHING CAMP \_\_\_\_\_**

-----SEND TO BRANDON YUILL, 1703 15<sup>TH</sup> 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: \_\_\_\_\_

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**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: \_\_\_\_\_