



# WV Black Hills Free Methodist Church Camp

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Children's Camp – Registration

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*Campers may arrive between 1:00 PM and 3:00 PM on Monday, June 26<sup>th</sup> for sign-in and room assignment.*

*Camp opening is at 3:00 PM in the tabernacle.*

*Campers are to be picked up Thursday, June 29<sup>th</sup> between Noon and 2:00 PM.*

*This is a CLOSED camp and visitors may only come during the evening service.*

*Please mail this form, the medical form, along with the payment, to:*

**Sonya Hedrick**

**600 Coleman Ave.**

**Fairmont, WV 26554**

**(304) 584-7BHC (Use this number to call the camp)**

*Make checks payable to:*

**"WV Black Hills Camp"**

*Camp cost per person:*

**\$75.00 if registration and payment is postmarked by June 1<sup>st</sup>.**

*(Each additional person from the same immediate family is \$70.)*

**\$85.00 if registration is received after June 1<sup>st</sup>.**

*(Each additional person from the same immediate family is \$80.)*

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Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Grade (going into): \_\_\_\_\_ Gender: M / F

E-mail address: \_\_\_\_\_

Please list your choice for ONLY ONE roommate (no guarantees): \_\_\_\_\_

By signing this form, I am allowing the camp to possibly use my child's photograph or video in promotional material for the camp.

**Signature of Parent or Guardian:** \_\_\_\_\_

This form along with the required CAMP MEDICAL FORM must be completed in full and submitted in advance or at registration.

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T-Shirts will be available for purchase during sign-in time. The cost of the T-Shirt is included in the camp registration fee. Please circle the youth size you would like: S M L XL

# Medical Form

## WV Free Methodist BlackHills Camps

<b>Camper Information</b>	
Name: _____	Birthdate: ___/___/___
Address: _____	
<b>Parent/Guardian Information</b>	
Name: _____	
Address: _____	
Home Phone: _____	Work Phone: _____
<b>Emergency Contact</b> (other than parent/guardian listed above)	
Name: _____	
Phone: _____	Relationship: _____
<b>Insurance Information</b>	
Company: _____	Policy #: _____
Address: _____	
Policyholder: _____	
<b>Medical Information</b>	
List any allergies	_____
Present Medications (include dosage)	_____ _____
List any medical Problems	_____ _____
Family Doctor	_____ Phone _____
Date of Last Tetanus Shot: ___/___/___	
<b>Release and Signatures</b>	
In case of emergency, the camp directors have my permission to treat or sign for medical/surgical treatment at a health care facility. (Every attempt will be made to notify parents/guardians.)	
Authorization is given for camp staff to give my child Tylenol as needed for minor aches, pains, etc.	
I have read the above and I give my consent for treatment of my child. I also further agree that the BlackHills Camp, Camp Association, the Free Methodist Church, nor camp staff will be held liable or responsible for any injury or incident involving my child.	
Signed: _____	____/____/____
Witness: _____	