

Office use only: Reg. fee paid \$ _____ Camp fee paid \$ _____ Camp fee owed \$ _____
 Bible lesson credit \$ _____ Payment: Cash \$ _____ Check # _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM, SIGN, AND RETURN IT TO US WITH THE \$40 NON-REFUNDABLE REGISTRATION FEE

A non-refundable \$40 registration fee is required to be sent with each registration form and is *included in the cost of camp*. Also, if there is more than one child within the immediate family attending overnight camp, the cost for the first child is \$165.00, the cost for the second child or week is \$155.00, and the cost for each additional child/week is \$145.00.

PLEASE READ all the information on this form before filling it out. **NOTE: Both the parent AND the child must sign the registration form.** Mail to us as soon as possible so your space can be reserved.

Name _____ Age _____ Boy ___ Girl ___

Address _____

City _____ State _____ Zip _____

Parent or Guardian _____

Email: _____

My camper plans to attend camp the week(s) of:
 (Please place a check on the line after the week(s) your child plans to attend camp)

Overnight Weeks	Teen	June 4-8 _____	July 23-27 _____		
	Junior	June 18-22 _____	June 25-29 _____	July 9-13 _____	July 16-20 _____

Day Camp Weeks	June 11-15 _____	June 18-22 _____	June 25-29 _____
	July 2-6 _____	July 9-13 _____	July 16-20 _____

Camper's birth date _____ Grade completed _____

This will be camper's _____ year at camp.

Phone numbers: (Please record valid phone numbers where you can be reached!)

Home _____ Person _____

Business _____ Person _____

Cell _____ Person _____

Other _____ Person _____

Church attended _____

My child is allowed to go swimming: Yes _____ No _____ Does your child know how to swim? Yes _____ No _____

Person responsible for picking up camper: _____

Cancellations: Please notify us immediately so that a camper on the waiting list can be contacted.

Rules for acceptance in the camping program are the same for everyone without regard to race, color or national origin.

Bancroft Bible Camp was established to give children and teens a time of spiritual, physical and social benefit. Our program offers sound Bible teaching, missionary challenges, safe cabins, nourishing food, team participation and adult supervision. Dedicated counselors are here to meet the needs of the campers. It is the desire and aim of our staff to bring campers into a living relationship with Jesus Christ and to instill a love for the Word of God.

Bancroft Bible Camp is part of Bancroft Gospel Ministry, a faith mission work which is non-denominational in fellowship. The ministry is incorporated in the state of Tennessee as a non-profit organization, and licensed by the Tennessee Department of Health. Bancroft Bible Camp is a member of Christian Camp and Conference Association.

HEALTH INFORMATION

Each camper is covered by a limited accident insurance policy. This plan will supplement a camper's individual or family insurance policy. It is important that we have the following information in case of emergency.

Name of your Medical Insurance Carrier _____

Address _____

Subscriber # _____

Group # _____

Date of last tetanus/booster shot _____ Does child have allergies? _____ What? _____

Does child have Diabetes, Epilepsy, earaches, asthma, headaches, chronic stomach aches, bedwetting, or other?

If so, please describe _____

Is child on medication? _____ What? _____

NOTE: All medication must be brought in original containers with original label and given to the camp nurse at registration.

Is your child allowed to have Children's Tylenol, Benadryl or Pepto Bismol if needed? Yes _____ No _____

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the camp director, camp nurse or ministry director to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Bancroft Gospel Ministry through its accident policy will be used as a back up for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by Bancroft Gospel Ministry and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Bancroft Gospel Ministry, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject on this form.

I understand that Bancroft Gospel Ministry reserves the right to discipline or dismiss my child from camp with forfeiture of fees if he/she is non-cooperative or non-compliant.

I further agree to indemnify and hold Bancroft Gospel Ministry harmless against any and all costs, damages, and expenses which may be incurred by them as a result of any claim I may make, actions I take against the camp, or lawsuits I may file against them.

I give permission for my child's picture to be used in future camp publications and/or on the internet.

Parent/Guardian Signature _____

Date _____

Signature of Camper (if **over** 18) _____

Date _____

Signature of Camper (if **under** 18) _____

Date _____