



# BYRON BIBLE CAMP

## Paper Registration Form

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Present Age: \_\_\_\_\_

Present grade or grade going into: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Parent or guardian's name: \_\_\_\_\_

Parent or guardian's signature: \_\_\_\_\_

Camp or retreat you are registering for: \_\_\_\_\_

A roommate you would like to stay with (not required): \_\_\_\_\_

Church name & city: \_\_\_\_\_

Total Registration fee: \$ \_\_\_\_\_

Spending money for crafts and camp store: \$ \_\_\_\_\_

Scholarships receiving (if any): \$ \_\_\_\_\_ from: \_\_\_\_\_

Gift for new facilities: \$ \_\_\_\_\_

**Total Amount:** \$ \_\_\_\_\_

Paid with Check - Check Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_

Paid with Cash - Amount \$ \_\_\_\_\_

\*Please fill out a registration form and medical release form for each person attending camp  
**Byron Bible Camp** 40546 S. Shore Rd. Huron, SD 57350

**MEDICAL RELEASE AND CONSENT FORM**

Byron Bible Camp 40546 South Shore Road, Huron, SD 57350 Phone: 605-352-7267  
E-mail: campbyron@yahoo.com Website: byronbiblecamp.com

Camper's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Gender Male: \_\_\_\_ Female: \_\_\_\_  
Camp or retreat you will be attending: \_\_\_\_\_

**MEDICAL RECORD:**

Primary or family doctor's name: \_\_\_\_\_ Doctor's office phone: \_\_\_\_\_

Immunization Record:

Tetanus/Diphtheria DPT/TD (not required): \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
MMR (not required): \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Tuberculosis (not required): \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Has had no immunizations (mark if applicable): \_\_\_\_

Health History: Please signify if the following statements are true for your child.

\_\_\_\_ This camper has food allergies. If yes, list allergy: \_\_\_\_\_  
\_\_\_\_ This camper has other allergies. If yes, list allergy: \_\_\_\_\_  
\_\_\_\_ This camper has bee sting reactions.  
\_\_\_\_ This camper has asthma.  
\_\_\_\_ This camper has diabetes.  
\_\_\_\_ This camper has a present medical condition. If yes, please explain: \_\_\_\_\_  
\_\_\_\_ This camper has other health related issues BBC staff should be aware of. If yes, please explain below:  
\_\_\_\_ This camper has mental, emotional, or behavioral health issues (such as autism, ADHD, depression, addictions, etc.). If yes, please explain: \_\_\_\_\_

Current Medications:

Drug: \_\_\_\_\_ Purpose: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Drug: \_\_\_\_\_ Purpose: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Drug: \_\_\_\_\_ Purpose: \_\_\_\_\_ Dosage: \_\_\_\_\_

If an emergency situation occurs, we will make every effort to contact the parents or guardian. We want parents to be informed and make decisions about their child's care.

Parent/guardian consent to Medical, Dental, or Hospital Care.

**Limited purpose consent form:** Approval to treat a minor

I, \_\_\_\_\_ (parent or legal guardian) am the parent or legal guardian of \_\_\_\_\_ (minor's name) hereinafter "my child" who was born on \_\_\_\_\_, \_\_\_\_\_. I consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

I give permission to a staff or adult volunteer (at least 18 years old) of Byron Bible Camp on behalf of all emergency treatment, medical care or dental treatment of \_\_\_\_\_ (child's name) that is determined necessary or desirable by the child's attending physician or dentist.

I give permission to the staff, employees, volunteers or counselors at Byron Bible Camp to treat minor injuries and give medicine.

Signature of parent or legal guardian \_\_\_\_\_ (parent or legal guardian)

**INSURANCE INFORMATION:**

Health Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
(Please attach a copy of your insurance card when possible)

Parent's/guardian's name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/state/zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relation to camper: \_\_\_\_\_

I agree that if \_\_\_\_\_ (child's name) cannot abide by the guidelines and rules set by Byron Bible Camp I will pick up the child mentioned above as soon as possible and take them home.

For example:

The camp has a curfew for each age which means that they are not to be outside the room where they are sleeping unless they need medical attention. They are also to be quiet so others can sleep. There is certain equipment and/or structures that are not to be played on without adult supervision and the proper gear. For example:

- \*Everyone is to follow the camp schedule and be where each event takes place.
- \*Everyone wears a life jacket.
- \*Respect others.
- \*Climb on the climbing wall with only adult supervision and proper equipment.
- \*Only one person on the trampolines at a time.
- \*Respect God.

I understand the camp has guidelines and my child is expected to respect them. If my child will not follow the camp's guidelines I will pick up my child if it is needed.  
(Parent's or legal guardian's signature) \_\_\_\_\_

**PHOTO RELEASE** - I hereby give permission to Byron Bible Camp to use photos of my child for Byron Bible Camp's promotional use. (Parent's or legal guardian's signature) \_\_\_\_\_

**ACTIVITIES RELEASE** - I hereby voluntarily permit and release my child to attend Byron Bible Camp and participate in all its activities. I am informed of the activities offered by Byron Bible Camp located at 40546 South Shore Road - Huron, SD. I hereby give permission for my child to voluntarily participate in activities such as horseback riding, climbing wall, obstacle course, zip line, water sports, swimming, boating, challenge elements, archery, air rifles and other camp activities that involve dangers and risks. I agree that Byron Bible Camp, a nonprofit corporation, its officers, staff, employees and volunteers will not be liable for personal injury, death, damage or loss to my child.

(Parent's or legal guardian's signature) \_\_\_\_\_

I the undersigned parent or guardian representing the camper listed above has read this release, understand, know and am fully aware of the potential dangers/risks of engaging in the observation, activities, or instruction offered at camp. As the parent or guardian I assume all risks associated with such dangers and activities. As the parent or guardian I am fully aware of and understand the terms and legal consequences of the signing of this release. The

undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability.

I am the parent or legal guardian of \_\_\_\_\_ (child's name). I am 18 years old or older. I have read and understand the terms of this agreement

Father's or male guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's or female guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_