

CAMP LOGOS REGISTRATION FORM

July 30 – August 4

www.CampLogos.org

Make checks payable to: Camp Logos

Total Cost: \$165 if paid after May 1, or early discounted rate of \$150 if paid by May 1

For families with more than (3) children going to camp, the 4th, 5th, etc. go for free!

Mail to Athens Bible Church, attn Steve Benson, 42 Poston Rd, The Plains, OH 45780

For Questions, Contact Steve Benson at (740) 503-3083

Male ___ Female ___

Grade as of 1/1/16 _____

Camper's name _____ Birth date _____ Age at camp _____

Address _____

Phone# (____) _____

Camper's Health History:

Please list any serious allergies such as food allergies, bee stings, serious ivy, oak, etc. _____

Please list any medicine allergies _____

Will any medicines be given to camper to take during camp week? Yes ___ No ___ (check one)

Are all immunizations are up to date including tetanus shot? Yes ___ No ___ (check one)

I give permission for Tylenol, Pepto-Bismol, Benedryl, Advil (over the counter drugs) to be administered if needed at camp. Yes ___ No ___ (check one)

In emergency notify _____ Relationship _____

Phone# (____) _____ Alt. Phone# (____) _____

Other guardians or persons who can contact guardians:

Person _____ Phone# (____) _____

Person _____ Phone# (____) _____

In case of emergency: I understand every effort will be made to contact parents or guardian of camper in case of an emergency. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. I also give my child permission to be transported to a hospital by ambulance if necessary.

Choose one: I give I do not give permission for the director(s) of the Camp to use pictures of my child (print) _____ on their website or in printed materials for information /promotional purposes.

Amount enclosed: \$ _____

Signature of custodial parent/guardian _____ Date _____

Please fill this form out in black ink and be sure to fill in all the blanks

Please give all medications to camp personal at time of registration

List any insurance information that your child may have while he/she is at camp on the back.