

# 2020 DAY CAMP Registration for Evergreen Bible Camp

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female  
Last First Middle

Grade Completed in 2020 \_\_\_\_\_ Age \_\_\_\_\_ Camp:  Teen (ages 13-18)  Youth (ages 10-12)  Junior (ages 7-9)  
Aug. 10 & 11 Aug. 12 & 13 Aug. 12 & 13

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone/s \_\_\_\_\_ Home Church \_\_\_\_\_  
Name of Church & City

Day Camp will be from **9:30-5:00** on dates listed below **at Fish Lake Chapel 1897-160th Ave. Mora.**  
**Teen Camp is Mon. and Tues., August 10 and 11, 2020.**  
**Youth and Junior Camps are Wed. and Thurs., August 12 and 13, 2020.**  
 Camper registration must be postmarked by **Sunday, July 26.** Camper registration fee is \$20.

### CAMPER HEALTH INFORMATION

Allergies: \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Known Problems:  Asthma  Diabetes  Epilepsy  Heart  Lice \*Other \_\_\_\_\_

\*Please explain: \_\_\_\_\_

Any precautions? \_\_\_\_\_

*The camp first-aid staff must administer ALL prescription and over-the-counter medication. Turn in all medication when arriving at camp. Bottles or containers should be labeled with the camper's name and correct dosage.*

List all prescription and non-prescription medicines that will be used at camp (*update at camp if needed*).

\_\_\_\_\_  
 \_\_\_\_\_

The camp first-aid staff have permission to offer the following over-the-counter medications to this camper if needed (*please check all that apply*).  Benadryl (for allergic reactions only)  Pepto-bismal

Tylenol  Ibuprofen  Cough/throat drops  Milk of Magnesia

Health Insurance Company \_\_\_\_\_ Insurance Phone \_\_\_\_\_

Group or Policy # \_\_\_\_\_ Policy Holder's Name & Date of Birth \_\_\_\_\_

### REQUIRED SIGNATURES:

1. As Parent or guardian of this camper, I authorize any required medical care deemed necessary during camp.  YES  NO
2. I give consent for any pictures taken of this camper during camp and/or Evergreen Events to be  YES  NO used for future camp brochures and/or other promotional purposes.

3. Emergency Contact \_\_\_\_\_  
Name Relationship to Camper Phone Number

4. I authorize the following adult/s to pick up this camper after camp: \_\_\_\_\_  
\*\*\*PLEASE PRINT name of adult(s) authorized to pick up camper\*\*\*

5. \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN PRINT NAME of parent/guardian (if guardian, relationship to camper)

<p><b>Questions? Go to:</b>  <b>evergreenbiblecamp.com</b>                  or contact Lori Thompson                  651-983-8142                  lathompson@infaith.org</p>	<p><b>Mail Forms &amp; Fees to:</b>  <b>Evergreen Bible Camp</b>  <b>1010 3rd Ave SW</b>  <b>Pine City, MN 55063</b></p>	<p><b>For Office Staff Use Only:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Date Received</td> <td style="border: none;">Payment Type</td> </tr> <tr> <td style="border: none;">Amount Pd</td> <td style="border: none;">Other</td> </tr> <tr> <td style="border: none;">Amount Due</td> <td></td> </tr> </table>	Date Received	Payment Type	Amount Pd	Other	Amount Due	
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