



WV BlackHills Free Methodist Church Camp

Children's Camp - Registration/Medical

Please mail the registration and medical form along with payment to:

Megan Cook
459 Congress Ave.
Morgantown, WV 26505
(304) 584-7BHC (Use this number to call the camp)

Make checks payable to:
"WV BlackHills Camp"

Registration Fees

Early Registration - Postmarked before June 1st

\$85.00 for the first camper, \$75.00 for each additional person from the same immediate family

Standard Registration - Postmarked after June 1st

\$105.00 for the first camper, \$95.00 for each additional person from the same immediate family

Name: _____ Birthdate: ____/____/____ Phone:(____) _____

Address: _____

City: _____ State: _____ ZIP: _____

School Grade - Fall 2023: _____ Gender: M / F

E-mail address: _____

Church Name: _____ Pastor Name: _____

Church Address: _____

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

Early Registration allows the organizers to plan and fulfill rooming requests most accurately.

T-Shirts will be delivered before camp begins. To ensure your child receives a specific shirt size, *Pre-Registration* is required.

Please mark the size you would like:

Youth Sizes	<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	<input type="radio"/> X-Large
Adult Sizes	<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	<input type="radio"/> X-Large

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

Signature of Parent or Guardian: _____

WV Free Methodist BlackHills Camps: Medical Form

Camper Information

Name: _____ Birthdate: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Parent/Guardian Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact (other than parent/guardian listed above)

Name: _____ Phone: _____

Relationship: _____ **Insurance**

Information

Company: _____ Policy #: _____

Address: _____

Policyholder: _____ Employer: _____

Medical Information

Current Medications and Dosage:

1 - Medication		Dosage	3 - Medication		Dosage	
2 - Medication		Dosage	4 - Medication		Dosage	

Dietary Restrictions: _____

Allergies: _____

Medical Conditions: _____

Family Doctor: _____ Phone: _____

Hospital: _____ City: _____

Date of Last Tetanus Shot: ____/____/____

Release and Signatures

In the case of an emergency, the camp has 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: _____