

CAMP BETHEL SUMMER CAMPS 2024

A CHRIST CENTERED YOUTH CAMP IN SHELL, WYOMING

YOU CAN REGISTER & PAY ONLINE AT: WWW.CAMPBETHELWYO.COM

Personal Information

Name _____

Last First

Address _____

City _____ St _____ Zip _____

Parent Email _____

Date of Birth ____/____/____ Sex: M F

Age (by camp time) _____ Grade (next fall) _____

Height _____ Weight _____

Parent/Guardian Name _____

Home Phone () _____

Work Phone () _____

Cell Phone () _____

Emergency Contact (different from above)

_____ Name

_____ Phone

Church Affiliation

Other than yourself, what person/church is authorized to pick up your child after or during camp:

_____ Ph# _____

_____ Ph# _____

_____ Ph# _____

_____ Ph# _____

Summer Camp Dates and Fees:

Check the week you will attend according to the grade you will be going into next school year, not the grade you are currently completing. If you are completing your senior year, you may still attend Sr. High 2.

NOTE: Due to limited camper capacity each week, we will not be offering early registration or Buddy Buck discounts.

	Camp	Grades	Dates	FEES
<input type="checkbox"/>	Pre-Teen	Grades 5-6	June 3-8	\$335
<input type="checkbox"/>	Young Teen	Grades 6-7	June 10-15	\$335
<input type="checkbox"/>	Jr. High	Grades 7-8	June 17-22	\$335
<input type="checkbox"/>	Mid High	Grades 8-9	June 24-29	\$335
<input type="checkbox"/>	Sr. High 1	Grades 9-12	July 8-13	\$335
<input type="checkbox"/>	Sr. High 2	Grades 9-12	July 15-20	\$335
<input type="checkbox"/>	Jr. Boys	Grades 3-5	July 23-27	\$305
<input type="checkbox"/>	Jr. Girls	Grades 3-5	July 30-Aug 3	\$305

You may pay in full or pay a \$35 deposit due with Registration Form. The deposit will be deducted from total fee. Remaining balance is due at check-in.

For Official Use only:

Cell Phone Policy:

We have a **NO CELL PHONE** policy. Therefore, please ensure your camper leaves their cell phone at home. If your camper brings their cell phone to camp, you and your camper give permission to confiscate the cell phone and lock it up until camp ends.

You and your camper acknowledge you have read and understand this policy and will comply with it.

Parent/Guardian Signature

Medical Information

Physician's Name: _____

Physician's Ph #: _____

Insurance Carrier: _____

Policy/Group #: _____

Please list any medical history, medical conditions, or medical information we need to know about your child.

Add additional sheet if needed.

Allergies

_____ Insect Stings (Specify) _____

_____ Plants (Specify) _____

_____ Drugs (Specify) _____

_____ Foods (Specify) _____

Other Allergies _____

Has this camper ever had or required:

Hospitalization: _____

Explain _____

Operations or serious injuries: _____

Explain _____

Disability or chronic or recurring illness: _____

Explain _____

Activities limited by a physician: _____

Explain _____

Note: Please attach additional page(s) for detailed information and instructions, if needed.

PACKING LIST...

- Bible, paper, pen or pencil
- Sleeping bag and pillow
- Towel & wash cloth
- Casual clothes (jeans, shorts, T-shirts, sweatshirts, jacket, etc.)
- 2 pairs outdoor shoes
- Personal water bottle
- Raincoat or Poncho
- Insect repellent
- Swimsuit (modest one piece)
- Toiletries (soap, shampoo, deodorant, toothbrush, toothpaste, etc.)
- Dress clothes (one set of Sunday best for banquet)
- Spending money (for Corner Store)
- Prescription drugs in original containers (to be turned in upon arrival)
- Flashlight (optional)
- Camera (optional)

FOOD ALLERGY WARNING:

Camp Bethel's food is prepared in a common kitchen with the risk of cross-contamination. Therefore, we recommend that campers with food allergies exercise judgment in consuming foods prepared at Camp Bethel. Campers with sensitivity to cross-contaminated food and/or celiac disease will need to bring their own prepared, sealed and labeled food for the duration of their stay at Camp Bethel. Thank you for assisting us with this arrangement.

NOTE:

Camp Bethel uses colored wrist bands to help identify individuals with food allergies and/or special medical needs.

If you have any questions, please contact the camp cook, Charmaine Huff. (307) 655-7021

PERMISSION

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, including activities away from camp (including but not limited to, hiking, overnight campouts, canoeing, tubing, rappelling, outdoor games, archery, archery tag, ax throwing, laser tag, climbing wall, and other activities).

I hereby give permission to the medical personnel, selected by the Camp Director, to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child as named above. I understand that I am responsible for primary insurance coverage and all cost associated with such treatment/hospitalization.

Furthermore, I understand that this is a Christ center camp that follows Biblical teachings found in the Holy Bible. Our statement of faith can be found at: www.campbethelwyo.com/history.

Signature of Parent or Guardian

Date

Check in Time: 2:00 pm on the first day of your camp.

Pick up Time: Saturday after the 10:00 am Camp Assembly. Parents are invited to the assembly!

Executive Director: Tim Huff

campbethelinc@gmail.com

Phone: (307) 655-7021 (Email works best)

Registrar:

campbethelregistrar@gmail.com

Please make checks payable to **Camp Bethel**. Mail registration form and fee to:

Camp Bethel Registrar
1710 US HWY 14 E
Shell, WY 82441