

# SUMMER CAMP REGISTRATION

Camper Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_ Age at time of camp \_\_\_\_\_

Grade this fall \_\_\_\_\_ Male/Female \_\_\_\_\_

Parents/Guardians with whom you reside:

Father \_\_\_\_\_ Mother \_\_\_\_\_

Home \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

Register according to the age you will be this summer.

		Tier 1*	Tier 2**
___ Adventure Camp I	6-8 yr.	\$45	\$75
___ Adventure Camp II	6-8 yr.	\$45	\$75
___ Junior Camp	8-10 yr.	\$85	\$130
___ Junior High Camp	11-13 yr.	\$85	\$130
___ Senior High Camp	14-17 yr.	\$95	\$145

\*Tier 1: reflects our cost-compassionate (donor-subsidized) rate for families who may not be financially able to pay the full program cost.

\*\*Tier 2: reflects the actual cost of sending a camper to Riverside. If you are financially able, please pay this amount.

If registering by June 1st, receive \$10.00 off the registration fee listed above.

**Buddy Groups:** A buddy group consists of yourself and one or two other people. Buddies must be requested at time of registration. Buddies must request each other for the request to be considered. Please Note: Cabin buddies are not required.

Buddy #1 \_\_\_\_\_ # 2 \_\_\_\_\_

# HEALTH INFORMATION

Camper Name \_\_\_\_\_

Health History:

Asthma Y N Sleepwalking Y N

Medical Conditions: \_\_\_\_\_

Does your child take daily medications? Y N  
(If yes, please list on the reverse side)

Allergic to:

Insect Stings Y N Penicillin Y N

Other Drugs: \_\_\_\_\_

Foods: \_\_\_\_\_

Are immunizations up to date? Y N

Date of last Tetanus Booster: \_\_\_/\_\_\_/\_\_\_

Insurance Information:

Company \_\_\_\_\_

Policy # \_\_\_\_\_

Emergency Contact other than Parent:

(In case we are unable to reach parent.)

Name \_\_\_\_\_

Home \_\_\_\_\_

Cell \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Liability:

In case of emergency, I understand that every effort will be made to contact me. In the event that 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 injection, anesthesia, or surgery for my child as named on this card.

Parent/Guardian \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

# PAYMENT OPTIONS

Fill out completely and include with the camp registration.

Adult Name \_\_\_\_\_

Contact Number \_\_\_\_\_

REQUIRED:

**\$20.00 Deposit** (non-refundable)

( ) Deposit applies to camp fee.  
(If deposit is not paid, camper is not officially registered for camp.)

\$ 20.00

OPTIONAL:

( ) I will pay balance in full upon arrival.

( ) I will pay balance in full now:

\$ \_\_\_\_\_

( ) Additional funds for the Camp Store/Snack Shop enclosed:

\$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Checks/payable to Riverside

**\$20.00 DEPOSIT/person, per week must accompany this form.**

The balance is due upon arrival. This fee is not transferable or refundable unless there is no room in the camp. Please allow 3-4 weeks for confirmation. Your registration provides Riverside Bible Camp the authorization to use photos and videos of you and registered group for promotional purposes. Feel free to photocopy this form for additional children.

OFFICE USE ONLY:

REG. RCVD \_\_\_\_\_ DEPOSIT \_\_\_\_\_ C/# \_\_\_\_\_

CAMP FEE \_\_\_\_\_ C/# \_\_\_\_\_ CANTEEN \_\_\_\_\_ C/# \_\_\_\_\_

CONFIRMATION SENT \_\_\_\_\_

SPECIAL NOTES \_\_\_\_\_

**RIVERSIDE BIBLE CAMP**

6355 County Road DD  
Amherst, WI 54406  
715-824-3198  
www.riversidebiblecamp.org

## HEALTH CHECK-IN

**CAMP USE ONLY.**

Do not write in this section. This section will be filled out by the camp nurse on site at the time of check-in.

**EXAMINATION:**

TEMP \_\_\_\_\_

LUNGS \_\_\_\_\_

THROAT \_\_\_\_\_

EYES \_\_\_\_\_

EARS \_\_\_\_\_

**Comments:**

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**Health History Notes:**

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**Medical Condition Notes:**

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CHECKED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

## Medications

## Frequency

**CAMP USE ONLY.**

Do not write in this section. This section will be filled out by the camp nurse on site at the time of check-in.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____