2010 BGCC REGISTRATION

Campers may register for multiple Kid Power Camp days on one form; otherwise, use a separate registration form for each camp event (copy this form as needed).

[Please check a box to indicate which camp event you have chosen.]

DATES	EVENT	GRADE IN FALL	COST	LATE FEE DATE
❑ June 6-11	High School Week	9-13	$252	5/7/10
❑ June 13-18	Middle School	6-8	$252	5/14/10
❑ June 24-25	First Chance	2-3	$ 66	5/25/10
❑ June 27-July 2	Junior	4-6	$252	5/28/10
❑ July 5-8	Kid Power Camp (all four days)	K-3	$124	
	❑ 7/5 Monday only		$ 36	*register for all 4 days and save $20!*
	❑ 7/6 Tuesday only		$ 36	
	❑ 7/7 Wednesday only		$ 36	
	❑ 7/8 Thursday only		$ 36	
❑ July 11-17	7/11 Camp #1	Age 7–11 *by 9/30/10*	$315	6/12/10
❑ July 18-24	7/11 Camp #2	Age 7–11 *by 9/30/10*	$315	6/19/10
❑ July 4-9	TRIBAL CAMP Tribal Camp 1	5-8	$352	6/5/10
❑ July 11-16	Tribal Camp 1	5-8	$352	6/5/10
❑ July 4-16	Tribal Camp 1 Combined	5-8	$704	6/5/10
❑ July 18-23	Tribal Camp 2	6-8	$352	6/5/10
❑ July 25-30	Tribal Camp 2	6-8	$352	6/5/10
❑ July 18-30	Tribal Camp 2 Combined	6-8	$704	6/5/10

- ***Register for camp early! A LATE FEE OF $20 ($10 for First Chance camp) will be applied to registrations postmarked on or after the given date.***
- *Camper may only attend weeks for his/her grade/age, they may not move up or down.*
- *All registrations must be accompanied by payment of at least 50% of total cost. Church scholarships will only apply to the 2nd 50% of cost.*
- *Church scholarships apply to the base fee for any given event. Parents are solely responsible for late fees.*

PAYMENT INFO

Sign me up for: _____ [camp event chosen] _____ **Fee** ____ [total fee] ____

$ _____ Deposit *Minimum 50% of the event fee is required as deposit, regardless of payment method. Balance due at or before check-in.*

$ _____ + Christian Campership donation (optional)

$ _____ Total enclosed

❑ Check, money order or cash is enclosed.

❑ Please bill my:
❑ Visa ❑ Master Card

❑ ***I have included a scholarship form from my church***
❑ ***I should receive a scholarship from my church and I will have the completed form at check-in or pay the remaining balance at that time.***

Name on Card: _____

Card #

Expiration Date (mm/yy)

		/		

Verification # (3 digits on back of card)

Please mail this completed registration form with payment to:

Blue Grass Christian Camp
7463 Athens Boonesboro Road
Lexington, KY 40509

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE _____ HOME CHURCH _____

PARENT/GUARDIAN #1 _____ [name] _____ [cell #] _____ [relation] _____

PARENT/GUARDIAN #2 _____ [name] _____ [cell #] _____ [relation] _____

EMERGENCY CONTACT _____ [name] _____ [cell #] _____ [relation] _____

❑ ***Please send follow-up communications to this email address:*** _____ [parents' email address] _____

❑ **BOY** ❑ **GIRL** **BIRTHDATE:** ___/___/_____ **AGE** on 9/30/10:_____ **GRADE** in fall:_____

BAPTIZED by immersion?: ❑Y ❑N **SHIRT SIZE:** ❑YS ❑YM ❑AS ❑AM ❑AL ❑AXL ❑AXXL

HEALTH HISTORY (mark all that apply):

❑ Heart condition
❑ Diabetes
❑ Seizures
❑ Ear infections
❑ Fears/phobias
❑ Sleepwalking
❑ ADD/ADHD
❑ Hearing problems
❑ Allergies:
- ❑ asthma
- ❑ hay fever
- ❑ stings
- ❑ foods
- ❑ medicine

Immunizations up to date? ❑ Y ❑ N

Date of last immunization: _____

TETANUS: Date of last treatment: _____

Please list prescription medications, provide information about any condition you marked to the left, and/or any other information the camp should know:

❑ *Check if prescription meds list is provided separately.*

_____

_____

_____

_____

_____

This medical information is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel attending to the treatment of my child to order x-rays, routine tests and treatment. In the event I cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named on this form.

I hereby give PERMISSION TO DISPENSE (mark all that apply): ❑ Tylenol or Advil ❑ Benadryl ❑ Tums or Pepto-Bismol ❑ Hydrocortisone cream ❑ Prescription or OTC medication designated and provided by the parent/guardian **** Submit all necessary medications IN ORIGINAL CONTAINERS to the First Aid person at check-in.***

I hereby authorize and assign the Blue Grass Christian Camp PERMISSION TO PHOTOGRAPH AND/OR VIDEO TAPE my child. These images may be used in follow-up publications on the web and print for the purposes of marketing and publicity for future camp events.

I understand that my child will be expected to maintain a standard of behavior which will be thoroughly explained at the beginning of each camp session. If my child fails to adhere to behavior guidelines, he/she may be dismissed from his camp session without a refund.

Signature of Parent/Guardian _____ Date _____