



REGISTRATION AND HEALTH CARE CONSENT



PLEASE PRINT CLEARLY – REGISTER ONLY ONE CAMPER FOR ONE CAMP PER FORM

ALL GIRLS ALL BOYS JUNIOR CAMP TEEN CAMP SENIOR CAMP _____

NAME _____ BIRTH DATE _____ PRESENT AGE _____

STREET ADDRESS _____ MALE _____ FEMALE _____ SCHOOL GRADE _____

CITY, STATE, ZIP _____

PARENT OR GUARDIANS NAME _____ HOME PHONE () _____

E-MAIL ADDRESS: _____ CELL PHONE () _____

IN EMERGENCY NOTIFY: _____ PHONE () _____

ALTERNATE PERSON: _____ PHONE () _____

CHURCH / GROUP I ATTEND _____

I UNDERSTAND AND AGREE TO ABIDE WITH THE RESTRICTIONS PLACED ON MY CAMP ACTIVITIES.

SIGNATURE OF CAMPER _____ DATE _____

MY CHILD WILL BE PICKED UP BY _____ PHONE _____

NAME & DATE OF CAMP _____ THIS IS MY FIRST TIME AT VERDUGO PINES

IF POSSIBLE PLEASE PLACE ME IN THE SAME CABIN AS: (ONE FRIEND ONLY) _____

MEDICAL TREATMENT WITHIN THE PAST YEAR: _____

- BLEEDING / CLOTTING
- HYPERTENSION
- MONONUCLEOSIS
- HEART CONDITION
- EYE, EAR, NOSE, THROAT
- DIABETES
- ASTHMA
- CONVULSIONS / SEIZURES
- TUBERCULOSIS
- ATHLETES FOOT
- CHICKEN POX

DATE OF LAST TETANUS SHOT: _____

ALLERGIES: (INCLUDE PENICILLIN) _____

SPECIAL MEDICATION / DIET: (ATTACH INSTRUCTIONS OF MD) _____

LIMITATIONS TO ACTIVITIES: _____

LIST DISABILITIES: _____

SPECIAL NEEDS / OTHER: _____

THIS HEALTH HISTORY IS CORRECT SO FAR AS I KNOW, AND THE PERSON HEREIN DESCRIBED AS, _____ HAS PERMISSION TO ENGAGE IN ALL CAMP ACTIVITIES EXCEPT AS NOTED IN WRITING. AUTHORIZATION FOR TREATMENT: I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE CAMP DIRECTOR OF SOUTHERN CALIFORNIA BIBLE CONFERENCE, TO ORDER X-RAYS, ROUTINE TESTS, TREATMENT; TO RELEASE ANY RECORDS NECESSARY FOR INSURANCE PURPOSES; AND TO PROVIDE OR ARRANGE NECESSARY RELATED TRANSPORTATION FOR ME/OR 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 THE PERSON NAMED ABOVE. THE COMPLETED FORMS MAY BE PHOTOCOPIED FOR TRIPS OUT OF CAMP. I ALSO UNDERSTAND MY CHILD'S PHOTO MAY BE TAKEN AT CAMP. I AUTHORIZE VERDUGO PINES BIBLE CAMP TO USE THESE PHOTOS FOR CAMPER ENJOYMENT OR PROMOTIONAL PURPOSES. THIS AUTHORIZATION SHALL REMAIN EFFECTIVE UNLESS REVOKED IN WRITING.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE _____

RULES FOR ACCEPTANCE AND PARTICIPATION IN THE PROGRAMS ARE THE SAME FOR EVERYONE WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, AGE, SEX, OR HANDICAP.

----- **FOR REGISTRAR'S USES ONLY** -----

SUMMARY	
COST	\$ _____
DISCOUNT	\$ _____
ENCLOSED	\$ _____
SURCHARGE 3%	\$ _____
AMOUNT DUE	\$ _____
SPONSOR	\$ _____
.....
SCHOLARSHIP	\$ _____
.....
.....

----- DATE REGISTRATION RECEIVED -----
----- DATE CONFIRMATION SENT -----
----- CHARGE APPROVAL NUMBER -----
----- PAID IN FULL -----

DEPOSIT	
AMOUNT \$	_____
CASH	_____
CHECK #	_____
CHARGE	_____
BALANCE PAID	
AMOUNT \$	_____
CASH	_____
CHECK #	_____
CHARGE	_____