

CAMP BENTLEY REGISTRATION/HEALTH FORM

Mail to: Camp Bentley, PO Box 102, Drake, ND 58736

Name _____ Camp Attending _____

Phone _____ Cell Phone _____

Address _____ City _____

State _____ Zip _____ Home Church _____

Age _____ Birthdate _____ Grade Entering _____ Gender _____

Nearest Friend or Relative _____

Phone _____ Cell Phone _____

Doctor's Name _____ Phone _____

Insurance Company _____

Policy or Group # _____

Allergies _____

Medication _____

Medication Allergies _____

Additional Information _____

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Camp Bentley of Drake, ND, permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by the camp Director and/or Manager of Camp Bentley. I give my permission to those administering emergency treatment to do so using those measures deemed necessary. I absolve Camp Bentley from liability in acting on my behalf in this regard so long as Camp Bentley is not grossly negligent. The health form will expire on August 31, 2009.

I understand my insurance has primary responsibility and the camp's insurance is secondary in paying any claims.

Parent of Guardian's Signature _____

(Please fill out a form for each camp attending)

REGISTRATION IS DUE ONE WEEK BEFORE CAMP. A LATE FEE OF \$15 WILL BE CHARGED IF LATER.

I hereby grant Camp Bentley permission to use my/my youth's likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I hereby certify that I am the parent/guardian of _____ named above, and do hereby give my consent on behalf of this person.

Signature of parent/guardian

date