

CAMPER'S LAST NAME, FIRST NAME: _____



**MIDWEST BIBLE CAMP
& CONFERENCE CENTER**
Where the Son Always Shines
1500 N Hwy 20 Watertown, SD 57201
Phone: 605-886-3165

***FREE Camp for Kids**
1st Session: June 23 – June 25
2nd Session: June 27 – June 30
2021 Camp Registration Form

Parent or Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime / Evening / Cell Phone: _____

(Note: We must be able to reach parents day or night, in the unlikely case of an emergency)

Email (Required): _____

Camper's Name: _____

Date of Birth: _____ Age: _____ Grade: _____ Gender: _____

Please mark which session your child will be attending & circle if a Day or Overnight Camper:

☐ 1st Session (Wednesday, 6/23 – Friday, 6/25) ~ Day Camper or Over Night Camper

☐ 2nd Session (Sunday, 6/27 – Wednesday, 6/30) ~ Day Camper or Over Night Camper

***Although we promote our camp as FREE for every child, we are hoping that parents can support this important and ongoing ministry by paying our Child/Youth Registration Cost of \$129.00 per camper or consider donating towards the camp.**

This includes overnight stays for children/youth in the dormitories, daily home-made meals, Water Park and/or other excursion fees and insurance. Dormitory Lodging is for minor children. Only adults designated as camp staff may enter dormitories. Overnight stay is restricted to assigned camp counselors only.

Family Rates are available: \$50.00 for the second child and \$35.00 each additional child

Please mark and sign that you agree to the following statements:

☐ **Photo Release** – I hereby give permission to Midwest Bible Camp to use photo(s) of my child for Midwest Bible Camp's promotional use.

☐ **Activities Release** – I hereby voluntarily permit and release my child to attend Midwest Bible Camp and participate in all its activities. I agree that Midwest Bible Camp, a nonprofit corporation, its officers, staff, employees and volunteers will not be liable for personal injury, death, damage or loss to my child.

Parent or Guardian's Signature _____



To register: Please mail this form (one form per child) to the above address by June 18. All children must be pre-registered. Registrations may be emailed to: info@midwestministries.org. Payments/donations may be sent by check, presented on the Donation page of our website or made in person. Credit cards are accepted online or in the office. Office hours are Monday through Friday, 8:30 AM – Noon, 1:00 – 5:00 PM.

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MEDICAL INFORMATION, RELEASE AND CONSENT FORM

If an emergency situation occurs, we will make every effort to contact the parent or guardian using the contact information that they have provided.

Parent/Guardian consent for Medical or Hospital Care.

I, _____ (parent or legal guardian) am the parent or legal guardian of _____ (camper's name) hereinafter "my child" who was born on _____, 20____.

In the case of an emergency which I have not been able to be reached on the phone number I provided; I consent to: Any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child.

I give permission to the staff, employees, volunteers or counselors at Midwest Bible Camp to treat minor injuries and give/apply over the counter medicine according to the instructions on the packaging, i.e. aspirin, cough syrup, etc.

Our staff has an established policy regarding the prevention of spreading of bed bugs, head lice, ring worm or any other communicable pest or disease. With that in mind, dormitory mattresses are anti-bacterial medical mattresses which are bed bug resistant. Upon discovery of any concern, the child will be immediately removed to an isolated area and contact made to the parents so that they may arrange to pick their child up.

Parent or Guardian Signature: _____

Insurance Information:

Health Insurance Company: _____ Policy Number: _____

In case of an emergency call: _____ Phone: _____

Relationship: _____

Health History (allergies, asthma, bee sting reactions, present medical condition and other health issues):

List of Medications (Currently being taken by the child):

Drug: _____	Purpose: _____	Dosage: _____	When Taken: _____
Drug: _____	Purpose: _____	Dosage: _____	When Taken: _____
Drug: _____	Purpose: _____	Dosage: _____	When Taken: _____

Does your child have any special or dietary needs such as gluten or lactose intolerance that we must accommodate? ☐ **No** ☐ **Yes, please explain:** _____

Other/ Notes:

Is there any additional information you'd like to share about your child we should know: _____

