

Butman Methodist Camp 2010 Camper Registration Form

Mail to: **Camp Registrar**
158 County Road 674
Merkel, TX 79536

Phone: 325-846-4212 E-Mail: camp@butmancamp.org

Web site: www.butmancamp.org Fax: 325-846-3231

Early Bird Registration Special: If your registration is postmarked **on or before April 1, 2010** then the camper fee for **Young Elementary Camp** is \$ 115.00 and **all other camps** are \$ 215.00

Early Registration: If your registration is postmarked **on or before May 15, 2010** then the camper fee for **Young Elementary Camp** is \$ 125.00 and **all other camps** are \$ 230.00

Late Registration Fee: All registrations **postmarked after May 15, 2010** will be charged full price. The price for **Young Elementary** is \$ 140.00 and **all other camps** are \$ 245.00

For office use only			
Check # _____	\$ _____	\$ _____	
		Amount of check	this camper
Check From: _____			
Check # _____	\$ _____	\$ _____	
		Amount of Check	this camper
Check From: _____			

*****Please see www.butmancamp.org or www.nwtxconf.org for costs, dates, and Camp Directors for each camp*****

Registrations must be complete and signed by the pastor (or designated staff person) and parent/guardian.

The signed Medical Form and registration fee must accompany the Registration Form, or form and money will be returned.

*****Please Print Legibly*****

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Camp Registering For: Young Elementary 3-4 (June 14-16)
(Check all that apply) New Dawn II (June 21-25)
 Elementary Advance 4-5 (July 12-16)

Mid High Advance 6-8 (June 14-18)
 GRACE Camp 4-6 (August 2-6)
 Senior High Advance 9-12 (July 12-16)

Camper Name _____
First (goes by)
Middle Initial
Last

Home Address _____
Street or Box Number
City
State
Zip

Home Ph# (____) _____ Camper e-mail _____ Gender ____ (M) ____ (F)

School Grade Entering This Fall _____ Age at Camp _____ Birth Date _____

Home Church _____ Phone# (____) _____

Church Address _____
Street or Box Number
City
State
Zip

Pastor's Name _____ Pastor's Signature _____
(Please print)

Custodial Parent/Guardian _____ **Additional Parent/Guardian:** _____

Address _____ Address _____
(If different from Camper)
(If different from Camper)

Home Ph# (____) _____ Home Ph# (____) _____

Work Ph# (____) _____ Work Ph# (____) _____

Cell Ph# (____) _____ Cell Ph# (____) _____

Who will pick up camper after camp _____

Roommate Preference (1 **only** please) _____
 (Roommate preference not guaranteed. Roommate preference not available for campers registered onsite.)

COMMENTS: Please list any special circumstances that might affect how the camper relates to others at camp.
 Examples: special dietary needs, short attention span, family or personal circumstances, etc.

Camp Activities at **Butman Methodist Camp** may include but are not limited to: swimming, hiking, sports, water slide, group games, Ropes Course and Climbing Wall activities. I do hereby assume all risk of the above and any other ordinary risk incidental to the camp setting and will hold the NWTX Conference, Butman Methodist Camp and their Trustees, employees and agents harmless from any and all liability. I hereby grant permission to Butman Methodist Camp & Retreat Center to use photos of the above named camper, taken during activities at camp, for publicity purposes, in advertising materials, or on the camp's web site.

Custodial Parent/Guardian's Signature _____

Please Note: All camp fees include a \$10.00 nonrefundable registration fee.

Camper Medical Form

Camper Name: _____ **Camp(s) Registering For:** _____

The following information is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. **Everything must be completely filled out or form will be returned.**

Immunization History: Please record the date (month/year) of basic immunizations and most recent boosters.

Vaccines	Year of Basic Immunization	Year of Last Booster
Hep B – hepatitis B		
DTP – diphtheria, tetanus, and pertussis (or)		
DTaP – diphtheria, tetanus, and acellular pertussis (or)		
DT – diphtheria and tetanus (or)		
Td – tetanus and diphtheria		
Hib – <i>Haemophilus influenzae</i> type b		
PCV – pneumococcal conjugate virus		
OPV – oral poliovirus (or)		
IPV – inactivated poliovirus		
MMR – measles, mumps, and rubella		
Varicella – chickenpox		
TB Test – tuberculin test		
PPV – pneumococcal polysaccharide virus		
Influenza		
Other		

Health History: Circle and give approximate date (mo/yr) where applicable

Health Problems	Diseases	Allergies- please list all
Frequent Ear Infections	Chickenpox	Hay Fever
Heart Defect/Diseases	Measles	Ivy Poisoning, etc.
Convulsions	German Measles	Insect Sting
Diabetes	Mumps	Penicillin
Bleeding/Clotting Disorders	Other	Other Drugs
Hypertension		Food Allergies
		Other Allergies

Does your child have Asthma? Yes No

Operations or serious injuries (dates) _____

Chronic or recurring illness or medical condition _____

Dietary restrictions or special requests _____

Activities to be encouraged or limited _____

Current medications: PLEASE FILL OUT ATTACHED FORM.

Suggestions on health related information for camp personnel- short attention span, etc.

For Females: Has this person begun menstruation? ____ yes ____ no If not, has she been told about it? ____ yes ____ no

If so, is her menstrual history normal? ____ yes ____ no Special Consideration? _____

To the Best of My Knowledge _____

is in good health and is able to participate in all camp activities with the limitation listed above. In the event of an emergency and I am unable to be reached, I hereby give my permission for whatever emergency medical procedures might need to be performed by staff, first aid personnel, and/or by medical doctor on call at the emergency medical facility. **I understand that should the medical history change, it is my responsibility to let the camp director know at camp registration.**

Custodial Parent/Guardian Signature _____ Date _____

Alternate Emergency Contact: _____

Relationship to Camper: _____ Phone # _____

Insurance Information:

Please Note: Camper's insurance coverage, through the camps, is provided as a "secondary" or back-up" coverage on a limited basis to any other coverage camper has under separate, private, or group plans.

Please send a copy of your insurance Identification card (Front & Back) along with registration.

Medical Insurance Company _____

Policy# _____ Group# _____

Insurance Address & Phone # _____

Family Physician Name & Phone # _____

