

# 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](mailto:camp@butmancamp.org)

Web site: [www.butmancamp.org](http://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](http://www.butmancamp.org) or [www.nwtxconf.org](http://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\*\*\***

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

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

**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 # \_\_\_\_\_

# CAMP NEW DAWN II HEALTH EXAMINATION FORM

RETURN TO: Butman Camp Registrar  
158 CR 674  
Merkel, TX 79536

Please have parent/guardian and physician complete appropriate sections of this form **in full** before mailing. 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.**

Camper Name: \_\_\_\_\_ Date: \_\_\_\_\_

**RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP**  
**\*This section must be filled out before form is considered complete.**

- Is camper on a special diet?      \_\_\_ Yes    \_\_\_ No    Explain \_\_\_\_\_
- Is camper on any special medicine?      \_\_\_ Yes    \_\_\_ No    Explain \_\_\_\_\_
- Is camper on any new medication?      \_\_\_ Yes    \_\_\_ No    Explain \_\_\_\_\_
- Is medicine being sent by parent/guardian?      \_\_\_ Yes    \_\_\_ No    Explain \_\_\_\_\_
- Restrictions on swimming, diving?      \_\_\_ Yes    \_\_\_ No    Explain \_\_\_\_\_
- Restrictions on strenuous activity?      \_\_\_ Yes    \_\_\_ No    Explain \_\_\_\_\_
- Is camper able to dress self?      \_\_\_ Yes    \_\_\_ No    Explain \_\_\_\_\_
- Is camper able to sleep in an upper bunk?      \_\_\_ Yes    \_\_\_ No    Explain \_\_\_\_\_
- Is camper able to talk?      \_\_\_ Yes    \_\_\_ No    Explain \_\_\_\_\_
- Does camper walk well?      \_\_\_ Yes    \_\_\_ No    Explain \_\_\_\_\_
- Is camper an early riser?      \_\_\_ Yes    \_\_\_ No    Explain \_\_\_\_\_
- Does camper wet the bed?      \_\_\_ Yes    \_\_\_ No    Explain \_\_\_\_\_
- Does camper smoke or chew tobacco?      \_\_\_ Yes    \_\_\_ No    Explain \_\_\_\_\_
- Is camper able to read?      \_\_\_ Yes    \_\_\_ No    Explain \_\_\_\_\_
- Does camper have incontinence problems?      \_\_\_ Yes    \_\_\_ No    Explain \_\_\_\_\_
- Is camper a sleepwalker?      \_\_\_ Yes    \_\_\_ No    Explain \_\_\_\_\_
- Does camper wear protective garments (i.e. Depends)      \_\_\_ Yes    \_\_\_ No    Explain \_\_\_\_\_

Camper's T-Shirt Size    S    M    L    XL    XXL  
Other \_\_\_\_\_

	Totally Independent	Partially Independent	Dependent
<b>Brush Teeth</b>			
<b>Bathing</b>			
<b>Dressing</b>			
<b>Eating</b>			
<b>Toilet Usage</b>			

**PARENT/GUARDIAN AUTHORIZATION:** This health history is correct so far as I know and the person herein described has my permission to engage in all prescribed camp activities, except as noted by me and the examining physician. **In the event that I cannot be reached in an EMERGENCY**, I hereby give permission to the physician, selected by the camp director, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the person named above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL EXAMINATION**  
**To be filled out by licensed physician**

This examination should be performed within 12 months before arrival at camp. **You may attach a current physical (if it occurred in the last 12 months) as long as it contains the same information as below.** Examinations are necessary for determining fitness/ability to engage in all activities.

CODE:            S – Satisfactory            U - Unsatisfactory (Explain)            O - Not Examined

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B.P.: \_\_\_\_\_ Hgb. Test: \_\_\_\_\_ Urinalysis: \_\_\_\_\_

Eyes \_\_\_\_\_ Extremities \_\_\_\_\_

Glasses \_\_\_\_\_ Posture (spine) \_\_\_\_\_

Ears \_\_\_\_\_ Skin \_\_\_\_\_

Nose \_\_\_\_\_ Allergy - Please specify: \_\_\_\_\_

Throat \_\_\_\_\_

Teeth \_\_\_\_\_

Heart \_\_\_\_\_

Lungs \_\_\_\_\_ General Appraisal: \_\_\_\_\_

Abdomen \_\_\_\_\_

Hernia \_\_\_\_\_

\* (For girls and women) Has this person menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_

If so, is her menstrual history normal? \_\_\_\_\_

Special considerations: \_\_\_\_\_

Comments: \_\_\_\_\_

**I HAVE EXAMINED THE PERSON HEREIN DESCRIBED AND HAVE REVIEWED HIS/HER HEALTH HISTORY. IT IS MY OPINION THAT HE/SHE IS PHYSICALLY ABLE TO ENGAGE IN CAMP ACTIVITIES, EXCEPT AS NOTED ABOVE.**

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** (     ) \_\_\_\_\_

**Camper's Name:** \_\_\_\_\_ **Date Examined:** \_\_\_\_\_ **Cabin #** \_\_\_\_\_ **Year:** \_\_\_\_\_

