

Willowbrook Bible Camp

Payment Form for Online Registrations

If you registered online through the Willowbrook Bible Camp web site, you need to mail this form along with your initial payment to the address below. The signature blocks below are identical to the text on the online registration form that you filled out.

Camper Name _____

The undersigned acknowledges and agrees that Willowbrook Bible Camp ("WBC") reserves the right to use any photographs of the camper, staff, or visitors. The undersigned also acknowledges and agrees that the camper will be involved in many activities (e.g., swimming, wall climbing, ball sports, etc.) that may be potentially dangerous and that no amount of care, caution, instruction, or expertise can eliminate all such danger.

By your signature below and the camper's participation in any WBC activity, you acknowledge and assume the risk, and hereby release and discharge WBC, its directors, employees, staff, and agents from liability for any injuries to property or person arising from such activities.

You covenant with WBC that you will never, individually or as legal guardians of participating individuals, institute any action at law or equity for any injuries to person or property caused by or arising out of activities sponsored by or on behalf of WBC.

You further agree to indemnify and hold harmless WBC, its directors, employees, staff, and agents against any and all costs, damages, and expenses (including court costs and attorney fees) incurred as a result of any legal claim or action instituted by you or the Camper.

Signature of Camper _____ Date _____

Parent/Guardian Signature _____ Date _____

This health history is correct, and the person described has permission to participate in all camp activities except as noted by me. I give permission to the camp health care staff to administer the medication as listed on this form, and to perform treatment for and administer medication for minor injuries and illnesses.

Furthermore, I give permission to the Willowbrook Bible Camp staff to transport my child to or from a health care provider, and I give permission to the physician selected by the camp to order X-rays, routine tests and treatment for the health of my child.

If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child. An electronic copy of the contents of this form shall be accepted as an original.

Willowbrook Bible Camp has permission to obtain a copy of the health record of my child from the providers they access to treat my child.

I understand that health information about my child will be shared with other camp staff on a "need to know" basis.

Parent/Guardian Signature _____ Date _____

Please include with this form a photocopy of each side of the camper's health insurance form (card) with the camper's name clearly printed on each copy.

Total Payment Submitted: \$ _____

Mail completed form with payment to:

Willowbrook Bible Camp

Attn: Registrar

4375 NE 38th Street

Des Moines, IA 50317

Camp Fee Calculator

Fee for week of camp	\$ _____
T-Shirt	+ \$ _____
Snack Bar (Canteen)	+ \$ _____
Donation to scholarship fund	+ \$ _____
Discounts:	
<input type="checkbox"/> Early bird <input type="checkbox"/> Friend	- \$ _____
Total Due	\$ _____
Amount Paid (min. \$25)	- \$ _____
Balance Due	\$ _____