

Willowbrook Bible Camp 2009 Registration

Please circle the desired camp week

July 5-10 July 12-17 July 26 - 31
 (age 12-14) -\$150 (age 8-11) -\$150 (15-18) -\$160

4375 N.E. 38th Street, Des Moines, Iowa 50317 - 515-262-5026

Camper Name		M		F		Birth date		Age	
Parent or Guardian				Home Phone		Cell Phone			
Street Address							Work Phone		
City			State		Zip				
Parent or Guardian Email Add				Camper Email Add					
Emergency Contact if above is not available							Phone		

Medical Information

Allergies – Drugs or Other

Restrictions - foods

Restrictions – Activities such as Sports, Water, or Other

Current Medications and Schedule of Doses

Current Injuries

Known Heart Conditions

Diseases or Conditions: - indicate Y or N

Asthma Convulsions Diabetes Epilepsy Fainting Migraines Seizures T.B.

Rheumatic Fever Hyperactivity Ear Infections Bleeding Disorder Bed Wetting

Has camper ever reacted to Poison Ivy, Oak, or Sumac? Yes _____ No _____

Date of last Tetanus Shot Date of Last Exam

Treatment Instructions – or – other Health Related Comments

Visit us on the WEB at - - - www.willowbrookbiblecamp.org

NOTE: The reverse side (next page) MUST be acknowledged and signed

AGE CLARIFICATION: The beginning age for each camp must be reached by July 1 - if age changes from one camp to the next during July, the camper may attend either camp or both.

WHAT HAVE WE FORGOTTEN TO ASK? Provide additional information about your child's health which may have been neglected on this form. We are particularly interested in information which has an impact upon your child's safety, and his/her ability to fully participate in the camp program. Attach additional information if needed.

HEALTH INSURANCE INFORMATION: This camper has health insurance? []Yes []No
PLEASE COPY BOTH SIDES OF CARD SO ADDRESSES AND PHONE NUMBERS ARE AVAILABLE, AND MAIL WITH THIS FORM. MAKE CERTAIN THAT THE CAMPER'S NAME APPEARS ON THE COPY.

HEALTH CARE CONSENT: This health history is correct, and the person described here-in 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, to perform treatment for, and to 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. Willowbrook Bible Camp has permission to obtain a copy of my child's health record from the providers they access to treat my child. I understand that information about my child's health will be shared with other camp staff on a "need to know" basis.

Custodial Signature

Parent/Guardian: _____ **Date** ___/___/_____

GENERAL CONSENT: 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, supervision, or expertise can eliminate all such danger. By your signature below, and the campers 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 activity. 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 cost and attorney fees) incurred as a result of any legal claim or action initiated by you or the camper.

Camper's Signature: _____ **Date:** ___/___/_____

Parent/Guardian Signature: _____ **Date:** ___/___/_____

For questions regarding this registration/health form, or to speak with a member of our Directing Staff, please contact the camp at 515-262-5026. **NOTE:** *If you would like to contribute to the scholarship fund which assists campers who need financial help, please indicate amount _____, and include with your check.*

CHECK-IN: 3 to 5 on Sunday Afternoon **CHECK-OUT:** 7 to 8 on Friday Evening

DISCOUNTS: Early Bird (full payment before June 1) minus \$10
 Bring a friend (a first-time WBC camper, not a sibling) minus \$10
 Full camp fee payment is due on or before the beginning day of camp

Mail this COMPLETED form (along with a \$10 non-refundable registration fee) to:

(Make checks payable to) - - - - - **Willowbrook Bible Camp**
4375 NE 38th Street
Des Moines, IA 50317

This form may be photo-copied