

2017 Bible Presbyterian Church Camp Registration

Camp Date: July 9-15, 2017

Camp Location: Camp Otyokwah 3380 Tugend Rd. Butler Ohio 44822

Cost: \$215 if registered by June 25
\$230 if registered after June 26

\$100 non-refundable deposit due with Registration
Balance due by July 2

Make checks payable to: B.P. Camp Fund

Churches may require a transportation fee

Camp guidelines for campers

- Honor all authority including counselors and camp staff. (Rom 13:1, Heb 13:17).
- Respect other campers feelings and their belongings. (Rom 12:10)
- Language should be God glorifying at all times – swearing, foul or vulgar language will not be tolerated (Phil 2:3,4).
- No personal entertainment devices: Cell Phones, DVD or CD players, PSP's, mp3's, etc. (Phil. 4:8).
- All music, when permitted, must be understandable and God honoring (1 Cor 10:31).
- No public displays of affection or inappropriate behavior – towel snapping, suggestive touching, kissing, handholding, intimidation or threats (1 Th 5:22, Eph 5:3).
- Clothing should be modest at all times - Modest bathing suits (no bikini style, no Speedos), no exposed midriffs, cleavage or underwear showing.
- No use of or possession of tobacco, alcohol, drugs or weapons (pocket knives included), this is cause for immediate dismissal (Eph 5:18; 1 Cor 10:31).

The following three-step policy is in effect for violations of these rules:

1st Step: Warning - This warning will be accompanied with a promise to call a parent if there is another problem.

2nd Step: A call to parent.

3rd Step: Dismissal (Parent called and camper sent home at their expense).

I have read the above rules and to the best of my ability I agree to abide by them.

Signature of camper

Date

PARENTS:

I have read and completed both sides of this form and give my permission for: _____, to attend the 2017 Great Lakes B.P. Summer Church Camp. I agree that my child may be transported locally to a location near camp for canoeing activities. I understand that Camp Otyokwah and B.P. Churches may be taking pictures and video of my child within the camp setting and that all of these pictures and video will be appropriate and will strictly be used for camp promotion.

Should an emergency arise, the leaders or supervisors of the event have my permission to obtain any necessary medical care for my son/daughter. I agree to defend and indemnify Bible Presbyterian Church Camp, Bible Presbyterian Churches, the Camp Director, its staff and volunteers, Camp Otyokwah, its employees and volunteers against any claim or action that might arise on behalf of myself or my son/daughter other than for willful, wanton, or reckless misconduct of Bible Presbyterian Church Camp and Camp Otyokwah, their employees or volunteers. I also agree that if my son/daughter breaks the above rules and that after the discipline steps above have been taken, I may be notified and he/she may be sent home at my expense before the event is over with no refund.

Signature of parent/guardian

Date

Witness (18 years or older witnessing parent/guardian signing application)

*****Please paste a copy of both sides your medical insurance card below*****

Please completely fill out both sides of form and attach a copy of both sides of Med. Ins. Card in space provided. Make checks payable to **BP Camp Fund** and return to: Your local BP Church Office. They will mail your registration to:
Pete Gross: 12060 Lebanon Road, Cincinnati, OH 45241
Questions-pete@petegross.net or (513) 827-5413- Pete Gross (Camp Director)

BASIC CAMPER INFORMATION AND MEDICAL CONSENT FORM

Camper's name _____ Local BP Church _____

Birth date: ____/____/____ Age: _____ Grade entering Fall 2017: _____ Gender: M / F

Jr Camper (4th- 7th) Sr Camper (8th - 13th) # of yrs at BP Camp: _____

Camper's email address (opt.): _____

Parent or Guardian name _____

Mailing address _____

City _____ State _____ Zip _____

Home Ph _____ Work Ph _____ Cell Ph _____

If not available in an emergency, notify:

Name _____ Phone _____ Cell Ph _____

Address _____ City _____ State _____ Zip _____

Is there anything spiritual, medical, or personal that you would like your Childs Counselors to know about them? _____

Is this camper on any medication? Yes No. If yes, what?

Will this camper be bringing this medication to camp? Yes No. All meds must be given to the camp nurse in original prescription container or box with the child's name on it, please provide dosage instructions:

Check any of the following medications that you do not want us to give your camper should the need arise: (May be generic brand)

Tylenol or Motrin Benadryl Tablets Hydrocortisone or Antibiotic Cream Tums Antacid Tablets

Please List any allergies:

Does this camper have any medical or health problems, and has this camper had any chronic or recurring illness or illnesses, which would have an effect on them participating in any activity? Yes No. If yes, describe the problem or illness or restrictions on activity:

Primary Care Physician: _____ Phone _____

Name of Policyholder _____ Insurance Co. _____

Ins. Address _____ State _____ Zip _____ Phone _____

Insurance Policy Number _____ Group # _____

Please provide a copy of your insurance card (Paste on reverse side).

I understand that my personal medical and hospitalization insurance available to my family will provide primary coverage and the church or ministries medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from the church or ministry's medical and hospital coverage. I further understand that, in the event my child requires medical or dental treatment while engaged in the event or activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give my permission to the church's sponsor or any adult counselor acting on behalf of the ministry with respect to the event or activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all activities except as noted by me.

Parent or Guardian Signature _____ Date _____

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