

# 2019 Camper Registration

Please complete this form and submit to TCBC with deposit or full payment.

Camper's Name \_\_\_\_\_  Male  Female Please mark this box if you would like to be added to our general mailing list.

Contact Parent/Guardian One: \_\_\_\_\_

Contact Parent/Guardian Two: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Grade in Fall 2019 \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent Email (confirmation will be sent via email) \_\_\_\_\_

Name of Church camper attends and the city in which it is located \_\_\_\_\_

First year at TCBC?  Yes  No If yes, how did you hear about TCBC? \_\_\_\_\_

Contact One Alternate Phone # \_\_\_\_\_ Contact Two Alternate Phone # \_\_\_\_\_

## CAMP SESSION OPTIONS

Please check (✓) desired session.

Session Name	Grade fall 2018	Session Date	Cost
<input type="checkbox"/> Primary FREE t-shirt. Indicate shirt size: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS	2nd & 3rd	June 30-July 2	\$140
<input type="checkbox"/> Junior Super FREE t-shirt. Indicate shirt size: <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL	4th – 7th	June 17-22	\$280
<input type="checkbox"/> Junior 2	4th – 6th	July 8-13	\$280
<input type="checkbox"/> Junior 3	4th – 6th	July 22-27	\$280
<input type="checkbox"/> Junior 4	4th – 6th	Aug. 5-10	\$280
<input type="checkbox"/> Junior 5	4th – 6th	Aug. 19-24	\$280
<input type="checkbox"/> Jr. High 2	7th – 9th	July 15-20	\$290
<input type="checkbox"/> Jr. High 3	7th – 9th	July 29-Aug. 3	\$290
<input type="checkbox"/> Jr. High 4	7th – 9th	Aug. 12-17	\$290
<input type="checkbox"/> Sr. High Super	8th – 12th	June 24-29	\$300
<input type="checkbox"/> Rockin' Raft	9th – 12th	July 22-26	\$370





## REGISTRATION PAYMENT FORM

✓	Item	Cost	Total
✓	Full Session Fee <b>OR</b> \$50 non-refundable deposit only	Varies	\$
	Cabin Photo (not available for Rockin' Raft)	* \$6	\$
	All Camp Photo	* \$6	\$
	Camp Week Video (not available for Rockin' Raft)	* \$10	\$
	Camp Care Package	* \$20	\$
	Go Kart Klub (not available for Primary or Rockin' Raft)	+ \$45	\$
	Paintball Club (Jr. High, Jr. High/Sr. High Super only)	+ \$45	\$
	One-Day Raft Trip (Jr. High 2 & 4 only)	+ \$80	\$
	Dietary Surcharge (Dietary requirements per health form)	* \$20	\$
<b>Total Deposit Due</b>			\$

**Any remaining balance is due two weeks before session begins.**

\* All extra fees are required with deposit. + These fees are non-refundable.

## PAYMENT

Enclosed is my check made out to TCBC **OR**  Charge \$ \_\_\_\_\_ to my:        

Card # \_\_\_\_\_ Expiration Date (Month/Year) \_\_\_\_\_ Verification Code \_\_\_\_\_

**Please complete the Health Form on 2nd page.  
Registration cannot be processed without a completed Health Form.**

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

Week Attending: \_\_\_\_\_

# Trout Creek Bible Camp Health Form 2019

The camp will make every effort to contact a parent first in case of emergency. Please list a NON-PARENT emergency contact name and relationship:

Emergency Contact Name & Relationship (other than a parent) \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Tetanus immunization current?  Yes  No

This child has my permission to participate fully in the selected camp program including water activities. I hereby verify that all information is complete and accurate to my knowledge. I verify that all immunizations are up to date, and hereby grant permission for my child to receive first aid and emergency treatment by camp personnel in the event of illness or injury, and/or by the hospital emergency room in case I cannot be reached immediately. I voluntarily waive any claim against Trout Creek Bible Camp, camp personnel, or other persons transporting my child, against all liability, claims, damages, attorney fees, or expenses arising out of or in connection with any activities of the above organization. I also give permission for my child's photo or image to be used in any media presentations for Trout Creek Bible Camp. I understand the camp may share information regarding my child as a part of follow-up. I agree to notify the camp of any changes prior to the camp session.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**Health Issues:** Seizures, Diabetes, Asthma, ADHD, Bed Wetting, Allergies (medications, insects, hay fever, etc.) Please be specific and list current treatment:

**Medications:** List any medications camper will receive at camp. We can only accept prescription and essential non-prescription medications (no supplements, herbal remedies, etc.). All medications must be in the original container with original prescription.

The following over-the-counter medications are available through the health assistant at camp and should not be brought by the camper. Please mark any over-the-counter medications your child should **NOT RECEIVE** while at camp:

- |                                      |   |  |  |   |
|--------------------------------------|---|--|--|---|
| <input type="checkbox"/> Aloe        | <input type="checkbox"/> Antibiotic Ointment            | <input type="checkbox"/> Benadryl              | <input type="checkbox"/> Calydryl/Benadryl Cream | <input type="checkbox"/> Chlortrimeton      |
| <input type="checkbox"/> Cough Drops | <input type="checkbox"/> Ibuprofen                      | <input type="checkbox"/> Hydrocortison Cream   | <input type="checkbox"/> Immodium                | <input type="checkbox"/> Maalox Plus        |
| <input type="checkbox"/> Pepto Jr.   | <input type="checkbox"/> Robitussin                     | <input type="checkbox"/> Sudafed PE substitute | <input type="checkbox"/> Tylenol                 | <input type="checkbox"/> Topical Anesthetic |
| <input type="checkbox"/> Tums        | <input type="checkbox"/> Throat Lozenge/Vitamin C Drops |  |  |   |

**Dietary Information:** Will camper **need** to be restricted from any foods while at camp?  Yes  No If yes, check dietary issue(s):

Allergy to peanuts/nuts Type of nut allergy:

Dairy-Free\*  Egg-Free\*  Gluten-Free\*  Celiac\*  Vegetarian\*  Vegan\*  Other\* Please explain:

\*A \$20 surcharge will be assessed to meet special dietary requirements, not including peanut/nut allergy.