

2020 SPRING MILL BIBLE CAMP

Camper Name _____

(please check one if applicable) ___ Child of Staff ___ Jr Counselor

PLEASE NOTE: ALL PERSONS AGE 18 AND YOUNGER MUST REGISTER, HAVE PARENT/GUARDIAN SIGNATURES, AND COMPLETE THE REGISTRATION PROCESS WHEN YOU ARRIVE, INCLUDING NURSE EVALUATION

Address _____

City _____ State _____ Zip _____

Age _____ Male/Female _____ Date of Birth ____/____/____

Grade Just Completed _____ First Time at SMBC? Y / N

Home Church _____

Emergency Contact:

Parent/Guardian _____

Home Phone _____

Cell Phone _____

Parent/Guardian Email _____

Alternate Phone 1 _____

Alternate Phone 2 _____

Everyone Must Follow the Rules:

1. I will participate in all planned activities (including but not limited to devotionals, classes, recreation, etc.)
 2. Girls are not allowed on the boys' side.
Boys are not allowed on the girls' side.
If I go on the wrong side, I will be sent home.
 3. I will help keep cabins and grounds clean
 4. I will dress modestly at all times.
(Short-shorts & tank tops with straps less than 3" wide are NOT allowed)
 5. Camp Nurse will keep track of all medications, including over-the-counter types.
 6. I will not go to my cabin without a counselor &
I will stay in my cabin after lights are out
 7. I will treat the Directors, Staff, and other Campers with respect
 8. I will not bring the following items: Electronic entertainment devices, firearms, tobacco, drugs, axes, fireworks, and knives
 9. I must have permission of the Director & sign out before leaving the camp at any time
 10. Laundry facilities may only be used by counselors in an emergency
 11. I will leave all personal valuables at home
 12. Harassment, intimidation, and bullying will not be tolerated
- I agree to follow these rules. I understand that failure to do so may result in my being sent home.

Camper Signature

Parent/Guardian Signature

PLEASE COMPLETE BOTH SIDES OF THIS FORM

CAMPS: (please select only one per form)

* A separate registration must be completed for each session

* Registrations CANNOT be taken by phone or eMail

* 100 campers maximum per session, first come, first served

* Full Payment and this form are REQUIRED to reserve a session

___ June 6 - Day Camp ages 5-7 Jim & Camela Pierce
Day Camp Registration 9am - Pick-up 3:30pm

___ June 7-12 Junior Week – Ages 8-11
Directors: Mike Walden, Steven Walden

___ June 14-20 All Ages 1 – Ages 8-18
Directors: Rick Leach, Cory Lamb, Ashley Holt

___ June 21-26 All Ages 2 – Ages 8-18
Directors: Brent Donoho, Randy Weillbaker

___ July 5-11 Senior 1 - Completed Grades 7-12
Dir: Larry Sawyer, Bobby Davis, Mike Welter, Luke Stradley

___ July 12-18 Senior 2 - Completed Grades 7-12
Directors: Greg Troutman, Doug Lalli, Craig Thomas

___ July 19-24 Intermediate - Completed Grades 4-8
Dir: Lester Burris, Brenden Davison, Laura Barlow, Daniel Lee

___ July 26-31 All Ages 3 – Ages 8-18
Directors: David Arthur, Pat Arthur, Brian Boyer

COST:

**\$135 Camper Pre-Registration Fee
INCLUDES T-SHIRT & \$10 CANTEEN**

Please Circle T-Shirt Size:

Youth Sizes S / M / L

Adult Sizes S / M / L / XL / 2X / 3X

**\$145 Camper Registration fee for registering the day
that your camp week begins.**

\$ 10 Day Camp (includes canteen)

* Make check / money order payable to SMBC

* Write camper name on memo line. DO NOT SEND CASH

CHECK-IN / PICK-UP TIMES:

Day Camp Registration: 9am - Pick-up 3:30pm

Check-In Time: 2pm to 4pm EDT; 1pm to 3pm CDT

*Gates open at 2pm. Staff only before 2pm

Pickup Time: varies each week, information given at registration

*Rules for acceptance & participation in the program are the same for everyone regardless of race, color, sex, age, handicap, or national origin. Any person who believes he or she has been discriminated against in any USDA-related activity should write the Secretary of Agriculture, Washington, D.C., 20250.

2020 SMBC Camper Registration (Page 2 - Please complete both sides)

INSURANCE INFORMATION AND HEALTH SCREENING

(All medical information will be kept confidential)

Medical Insurance Carrier _____

Policy ID# _____ Exp. Date _____

Family Doctor _____

Phone _____

Please list items the Camper is Allergic to:
(medications, latex, food, environmental, bee stings, etc)

Medical History / Existing Conditions

Surgeries _____

Medications _____
(All medications must be in their ORIGINAL container with dosage instructions)

Glasses / Contacts / Hearing Aids / Braces / Retainer / Other:

Last Tetanus: ___less than 5 yrs. ___5-10 yrs ___over 10 yrs
Immunizations up to date: Y / N

___No Top Bunk (due to age and/or physical limitations only)

Limitations on activities: _____

Approved for the following over-the-counter medications or their generic version (please check ALL or specific items)

- ALL**
___ Pain Reliever (Tylenol/Advil) ___ Antihistamine (Benadryl)
___ Decongestant (Sudafed/PE) ___ Antibiotic Ointment
___ Hydrocortisone Cream ___ Pamprin
___ Calamine ___ Anti-Diarrheal (Immodium)
___ Antacid-Antigas (Mylanta/Maalox/Tums)
___ Cough Suppressant (Robitussin/cough drops)

Other: _____

Allergic to any of the above medications:

LEGAL AGREEMENT WITH PARENT/GUARDIAN & CONSENT FORM

It is necessary for a parent/guardian to assume the responsibility for the registrant. The following is a legal agreement for this purpose that the parent or guardian must sign and return with registration.

I, _____

Address _____

City _____ State _____ Zip _____

do hereby state that I am the parent or legal guardian of

(camper name) _____

a minor, age _____, birthdate ____/____/____

In consideration of the acceptance of the above registrant we covenant and agree with Spring Mill Bible Camp, that we will at all times hereafter indemnify, keep indemnified and save harmless the said Spring Mill Bible Camp, or which it may be brought against or claimed against the Spring Mill Bible Camp, or which it may pay, sustain, or incur as a result of illness, accident, or misadventure to the above registrant, during the period said registrant is a participant in the Spring Mill Bible Camp. In case of an accident or sickness, I hereby authorize the Camp Director or Infirmary Supervisor to sign consent for treatment of the registrant by a doctor, or be admitted to the hospital.

I will be personally responsible for expenses incurred for reasonably necessary medical treatment for the registrant effective for the dates of

____/____/____ to ____/____/____

X _____
(signature of parent or legal guardian)

Date: _____

Complete & Return to: SMBC, PO Box 508, Mitchell, IN, 47446