



# 2018-19 FALL/WINTER CAMPER REGISTRATION

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**IF AT ALL POSSIBLE, REGISTER & PAY ONLINE AT**  
**[www.bmm.life/register](http://www.bmm.life/register)**

KNOW THE **WORD**

Camper's Name _____		Biological Gender	_____ Male
Address _____			_____ Female
City _____	State _____	Zip _____	
Grade _____	Birth date ____/____/____	Age _____	
Email _____		Parent Phone/Cell _____	
Church _____		ID# _____	
Parent/Guardian Name(s) _____			
Cabin mate (one name only) _____		Camp Code _____	Camp Dates _____
Year of last tetanus shot: _____			
Camper can take: <b>Ibuprofen:</b> Yes/No <b>Tylenol:</b> Yes/No <b>Pepto:</b> Yes/No <b>Tums:</b> Yes/No			
<b>All medications brought to camp MUST be in original container.</b>			
List any medications camper is currently taking: _____			
_____			
Camper has above average reaction to:    ___ Bee Stings    ___ Poison Ivy			
List any <b>food or drug allergies</b> and any and all <b>medical issues</b> your camper has had in the last year :			
_____			
_____			
Family Doctor (Name & Telephone) _____			
Any additional information regarding your camper that we should know before his/her arrival at camp?			
_____			
_____			

I give permission, as parent or guardian, for emergency medical treatment (if possible, parents will be contacted if there is a medical emergency). Secondary medical insurance is covered in the cost of registration. I further recognize that certain hazards and dangers are inherent in camp events and programs. I understand, also, that although the camp has taken precautions to provide proper supervision, instruction, training and equipment at each activity, it is impossible for the camp to guarantee absolute safety. Further, I waive any claim that may arise against Bible Memory Ministries and/or employees as a result of participation in the program, except for those that are a direct result of gross negligence of the camp or its employees.

I also give permission as parent/guardian for my camper to be photographed or videotaped for promotional purpose of Bible Memory Ministries.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT! Please fill out ALL blanks so that your registration can be processed, or it will be returned to you.**

**For the listing of camps and directions go to: [www.bmm.life](http://www.bmm.life)**

<b>Date</b>	<b>Code</b>	<b>Location</b>	<b>Grade</b>	<b>Fee</b>
October 6-7	KSF-1	King Street Center	Gr. 2-8	\$40.00
November 3-4	IAF-1	Crooked Creek	Gr. 2-8	\$65.00
January 19-20	INW-2	The Lodge in Syracuse	Gr. 5-8	\$65.00
January 26-27	INW-3	The Lodge in Syracuse	Gr. 2-4	\$65.00
February 23-24	SIW-1	Simon J. Graber Building	Gr. 5-8	\$65.00
February 23	SIW-2	Harvest Community Church DAY CAMP ONLY/NO OVERNIGHT	Gr. 2-4	\$65.00

Sponsor or Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Is your church paying** part or all of your camp fee? If so, how much? \_\_\_\_\_

If your church is paying part or all of your camp fee, payment in full is required at check-in. **You are responsible to confirm that your church has made its payment prior to or by check-in. Knowing this information before camp will speed up your check-in process.**

Amount enclosed \_\_\_\_\_ Check # \_\_\_\_\_ Need of Scholarship Aid ( )

**\*\*For planning purposes:**

There is NO PRE-REGISTRATION FEE for fall and winter camps. The camp fee should be paid BEFORE attending camp. If you must mail in your registration please include your payment and send to:

Mail to: Bible Memory Ministries - PO Box 823 - Goshen, IN 46527