



# FALL/WINTER CAMPER REGISTRATION

Office use only  
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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 (If possible. One name only) _____ Camp Dates & name _____		
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.**

## **PAYMENT:**

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

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:**

**Currently**, there is NO PRE-REGISTRATION FEE for fall and winter camps. However, to help us plan for the camp, (i.e. staffing, supplies, room assignments, etc.) the camp registration & fee should be paid BEFORE attending camp if at all possible by mailing in your registration and payment. Please mail to:

**Bible Memory Ministries - PO Box 823 - Goshen, IN 46527**

## **Additional Info:**

- For the listing of camps and directions go to: [www.bmm.life](http://www.bmm.life)
- We do conduct a private lice check on each camper during registration. This is a courtesy for all of those who come to camp. If you have questions or concerns please email those to the Executive Director, Chris Howell @ [chris@bmm.life](mailto:chris@bmm.life)