



CAMP REGISTRATION WALK-IN

Office use only

R Info N C

To register & pay online go to: www.bmm.life

KNOW THE WORD

Camper's Name _____	Biological	<input type="checkbox"/> Male
Address _____		<input type="checkbox"/> Female
City _____ State _____ Zip _____		
Grade Just Completed _____ Birth date ____/____/____ Age _____		
Email _____ Parent Phone/Cell _____		
Church _____ ID# _____		
Parent/Guardian Name(s) _____		
Cabin mate (one name only) _____ Church Code _____ (N/A if you do not have a church)		
Year of last tetanus shot: _____		
Camper can take: Ibuprofen: Yes/No Tylenol: Yes/No Pepto: Yes/No Tums: Yes/No		
All medications brought to camp MUST be in original container.		
List any medications camper is currently taking: _____		

Camper has above average reaction to: <input type="checkbox"/> Bee Stings <input type="checkbox"/> Poison Ivy		
List any food or drug allergies and any and all medical issues 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. **(Especially in light of the COVID-19 situation.)** 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.

SUMMER CAMP REGISTRATION

For the listing of camps and directions go to: www.bmm.life

**All Summer Camps Registration start at 10:00am and
End of the week pick up times are at 1:30 pm**

Amounts are CHANGING in 2021

Your camp fee is based on the number of verses you have memorized.

(A)- 0 Verses memorized (B)- 10-29 Verses memorized (C)- 30+ Verses memorized

Fill in the blanks below with the fee code (A, B or C) and the number of verses recited.

FEE CODE _____ NUMBER OF VERSES RECITED _____

Student has completed _____ lessons to receive a FREE T-shirt at camp.

Shirt Size: YOUTH: ___S ___M ___L ADULT: ___S ___M ___L ___XL

***I certify that the above verses were recited and the lessons were completed.**

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:**

A confirmation paper will be emailed back to you if you included your email address.

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