

Beulah Camp Registration Form

Last Name _____ First Name _____ Sex _____ Age _____

Grade Next Fall _____ Phone(_____) _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Church Name _____ Pastor _____

Due to increased security measures, those picking up campers must be listed above and show ID

_____ I plan to attend the entire encampment.

_____ I cannot attend the entire encampment. I will attend these dates: _____

Parental Permission/Consent and Medical Release Form

Emergency Contact _____ Relation to Camper _____

Address _____ City _____ State _____ Zip _____

Contact Number (_____) _____ Insurance Company _____

Group Number _____ Policy number _____

Preferred Hospital _____

We, the undersigned, are the parents, having legal custody, or the legal guardians of _____, a minor. We have given our consent for him/her to participate in the activities of Beulah Camp, June 13-23, 2024. If he/she is injured during this time and requires the attention of a doctor, we consent to any reasonable medical treatment deemed necessary by a license physician In the event treatment is called for which the physician and/or hospital personnel refuses to administer without our consent hereby authorize any of the adult chaperons to give such consent for us if we cannot be reached by telephone at one of the numbers indicated below or if because in an emergency there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, we agree to hold such a person free and harmless of any claims, demands, or suits for damages all from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician.

Please describe any allergies, medication, or other conditions that a physician might need to know:

My child has permission to take the following medications (Include any OTC drugs)

Any and all medications will be checked in with the nurse upon arrival at the camp. ALL MEDICATION BROUGHT TO CAMP MUST BE IN THE ORIGINAL CONTAINER, HAVE THE CHILD'S NAME, MEDICATION NAME, PHYSICIAN NAME DOSE, AND FREQUENCY LISTED ON THE BOTTLE. If your child is being brought to camp by a youth director or other adult persons, please give those medications to the adult to be given to the nurse at check in. NO CHILD IS ALLOWED TO KEEP MEDICATION IN THEIR ROOMS. This is for the safety of all the campers.

As parent or legal guardian of _____ (Child's Name), I give my permission for him/her to participate in all activities scheduled, sponsored, and conducted by the Beulah Camp Meeting youth leaders except, (if applicable)

_____.

I understand that if my child becomes seriously ill or is seriously injured, Beulah Camp leaders will use their best judgment in caring for him/her and notify the contact listed above as soon as possible.

I give permission to Beulah Camp to use my Child's image for promotional purposes such as brochures, newsletters, websites, videos, etc. (please circle) Yes or No

Parent/Guardian Signature _____

Date _____

Beulah Camp Camper's Covenant

I, as a participant in Beulah Camp, will cooperate in every way with the leaders of this camp. I will involve myself in the camp activities offered. I will not bring or use tobacco, alcohol, weapons, or drugs, except for prescription drugs, which I will trust to the nurse in charge, specifically for prescribed medical purposes. I will be responsible to the adult leadership of the camp for the duration of the camp. I will behave as a Christian person, the final interpretation of which is reserved for camp leaders. I understand that any electronics I bring will be taken up but will be returned at the completion of camp, except for cell-phones which will only be taken up during sleeping hours and returned at breakfast. I also understand my cell-phone may be taken during service if seen as not to distract others.

- I understand that should I choose to endanger those around me, I may be sent home.
- I understand if I miss evening service, I will not be allowed to participate in afterglow that night.
- I understand that my cell-phone will be taken up during sleeping hours and returned at breakfast the following morning. My cell-phone may also be taken during service times if causing a distraction.
- I understand that the Snack Bar only accepts prepaid tabs.
- I understand that I may be asked to change if my clothing does not meet camp requirements (shorts, dresses, skirts must be fingertip length, no spaghetti straps)

Camper Signature: _____

Parent Signature: _____

**PARTICIPATION, RELEASE, WAIVER AND INDEMNITY AGREEMENT FOR BEULAH
CAMP MEETING**

While Beulah Camp makes every effort to provide a safe and pleasant environment for every child, we do require that the particular agreement be read, filled out, signed by the parent or guardian, and date for each child.

I, the undersigned, give permission for my son or daughter to participate in the activities that occur at Beulah Camp Meeting. These activities include, but are not limited to, swimming, sports such as kickball, softball, volleyball, basketball and competition games. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur.

Although Beulah Camp Meeting has taken reasonable steps to provide equipment and responsible volunteer staff so your child can participate in activities for which he or she chooses, we must remind you that these activities are not without risk: Certain risks cannot be eliminated due to the nature of the activity. We, of course, do not want to lessen your enthusiasm in these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

I, on behalf of myself, my children, my assigns, and my estate, agree to release and hold harmless Beulah Camp Meeting; its Officers, Board, Agents, or Employees, Volunteer staff, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Beulah Camp Meeting or on or around the camp. This release does not apply to intentional and/or willful acts of misconduct by camp staff or any of its Officers, Board, Agents, Employees, or Volunteer staff.

Should Beulah Camp Meeting, or anyone acting on their behalf, be required to incur attorney's fees to enforce this agreement, I agree to indemnify and hold Beulah Camp Meeting harmless for all such fees and costs.

My signing this document, I acknowledge that if anyone is hurt or properly damaged during my or my child's participation in these activities, I and or my child may be found by a court of law to have waived any right to maintain a lawsuit against Beulah Camp Meeting on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Parent or Guardian Signature _____

Date _____

Print Name _____ Relationship to

Child _____