



REGISTRATION AND HEALTH CARE CONSENT

PLEASE PRINT CLEARLY – REGISTER ONLY ONE CAMPER FOR ONE CAMP PER FORM

ALL GIRLS ALL BOYS JUNIOR CAMP TEEN CAMP SENIOR CAMP



Print and Mail Registration to: Camp Registrar P.O. Box 339 Wrightwood CA 92397 or E-mail PDF Form to registrar@verdugopines.org

NAME _____ BIRTH DATE _____ PRESENT AGE _____

STREET ADDRESS _____ MALE FEMALE GRADE IN FALL _____

CITY, STATE, ZIP _____

PARENT OR GUARDIANS NAME _____ HOME PHONE _____

E-MAIL ADDRESS: _____ CELL PHONE _____

ALTERNATE PERSON: _____ PHONE _____

E-MAIL ADDRESS: _____ CELL PHONE _____

CHURCH / GROUP I ATTEND _____

I UNDERSTAND AND AGREE TO ABIDE WITH THE RESTRICTIONS PLACED ON MY CAMP ACTIVITIES.

SIGNATURE OF CAMPER _____ DATE _____

MY CHILD WILL BE PICKED UP BY _____ PHONE _____

NAME & DATE OF CAMP _____ CAMP DATE _____

IF POSSIBLE PLEASE PLACE ME IN THE SAME CABIN AS: (ONE FRIEND ONLY) _____

MEDICAL INSURANCE CARRIER: _____

MEDICAL TREATMENT WITHIN THE PAST YEAR: _____

- BLEEDING / CLOTTING HYPERTENSION MONONUCLEOSIS HEART CONDITION EYE, EAR, NOSE, THROAT
- DIABETES ASTHMA CONVULSIONS / SEIZURES TUBERCULOSIS ATHLETES FOOT CHICKEN POX

DATE OF LAST TETANUS SHOT: _____

ALLERGIES: (INCLUDE PENICILLIN) _____

SPECIAL MEDICATION / DIET: (ATTACH INSTRUCTIONS OF MD) _____

LIMITATIONS TO ACTIVITIES: _____

LIST DISABILITIES: _____

SPECIAL NEEDS / OTHER: _____

THIS HEALTH HISTORY IS CORRECT SO FAR AS I KNOW, AND THE PERSON HEREIN DESCRIBED AS, _____ HAS PERMISSION TO ENGAGE IN ALL CAMP ACTIVITIES EXCEPT AS NOTED IN WRITING. AUTHORIZATION FOR TREATMENT: I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE CAMP DIRECTOR OF SOUTHERN CALIFORNIA BIBLE CONFERENCE, TO ORDER X-RAYS, ROUTINE TESTS, TREATMENT; TO RELEASE ANY RECORDS NECESSARY FOR INSURANCE PURPOSES; AND TO PROVIDE OR ARRANGE NECESSARY RELATED TRANSPORTATION FOR ME/OR MY CHILD IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY. I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION FOR THE PERSON NAMED ABOVE. THE COMPLETED FORMS MAY BE PHOTOCOPIED FOR TRIPS OUT OF CAMP. I ALSO UNDERSTAND MY CHILD'S PHOTO MAY BE TAKEN AT CAMP. I AUTHORIZE VERDUGO PINES BIBLE CAMP TO USE THESE PHOTOS FOR CAMPER ENJOYMENT OR PROMOTIONAL PURPOSES. THIS AUTHORIZATION SHALL REMAIN EFFECTIVE UNLESS REVOKED IN WRITING.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE _____

RULES FOR ACCEPTANCE AND PARTICIPATION IN THE PROGRAMS ARE THE SAME FOR EVERYONE WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, AGE, SEX, OR HANDICAP.

FOR REGISTRAR'S USES ONLY

SUMMARY	
COST	\$ _____
DISCOUNT	\$ _____
ENCLOSED	\$ _____
SPONSOR	\$ _____
.....	
SCHOLARSHIP	\$ _____
.....	
ELECTRONIC FEE	\$ _____
AMOUNT DUE	\$ _____
.....	

----- DATE REGISTRATION RECEIVED -----
.....
----- DATE CONFIRMATION SENT -----
.....
----- CHARGE APPROVAL NUMBER -----
.....
PAID IN FULL

DEPOSIT	
<input type="checkbox"/> AMOUNT \$ _____	
<input type="checkbox"/> CASH _____	
<input type="checkbox"/> CHECK # _____	
<input type="checkbox"/> CHARGE _____	
BALANCE PAID	
<input type="checkbox"/> AMOUNT \$ _____	
<input type="checkbox"/> CASH _____	
<input type="checkbox"/> CHECK # _____	
<input type="checkbox"/> CHARGE _____	

Social Media Release Form

I _____, understand that audio and visual recordings taken at **Grace Fellowship Bible Church** and/or **GFBC** sponsored events can and may be used in multiple forms of communication such as, the church website (<https://gfbchemet.org>), social media accounts, church slideshows, and printed publications. At **Grace Fellowship Bible Church** we seek to provide a safe and secure environment, and by signing below you understand that these images, videos and/or audio recordings may be used, edited and or modified as seen fit by media volunteers. If you do not feel comfortable having images in one or more of the specified areas, please check the boxes below.

Please choose one of the options below

- I give my permission for my child's image with name (if needed), to be used on website, social media or print platforms associated with **Grace Fellowship Bible Church**.

- I give my permission for my child's image without name to be used on website, social media or print platforms associated with **Grace Fellowship Bible Church**.

- I do not give my permission for a recognizable image of my child's or name to be used on website, social media or print platforms associated with **Grace Fellowship Bible Church**.

Name of Child

Parent/Guardian Name (Print)

Parent/ Guardian Signature

Date