



**BETHLEHEM CHILDREN'S MINISTRY
CAMP REGISTRATION, PERMISSION SLIP, & MEDICAL RELEASE FORM**

Full Name: _____ DOB: _____
Address: _____ Gender: Male Female
City/State/Zip Code: _____ Phone _____
Relationship to Jesus Christ: _____
Grade (current or just completed): _____ T-shirt Size: YS YM YL AS AM AL XL 2X

Registration Date: _____ Deposit / Amount Paid Today: _____

Parent/Guardian: _____ Relationship: _____
Phone #: (1) _____ (2) _____
Cellular Phone _____ Email _____

Other Emergency Contact Person _____ Phone _____
Family Physician: _____ Phone _____
Insurance Co: _____ Policy _____
Allergies: None Food Medications Insect Stings/Bites Other
Previous Serious Illness/Concerns (seizures, dizziness, etc.): _____

Current Medications: _____

I hereby authorize Bethlehem Children's Ministry to take my child for medical treatment in the event of an emergency in which neither parent nor legal guardian can be reached.

Signature/Relationship

Date