

# 2017 Summer Camp Registration

PLEASE ONLY USE THIS FORM IF YOU ARE UNABLE TO REGISTER ONLINE.

## CAMPER INFORMATION

Camper Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_  
Gender \_\_\_\_\_ Grade in Spring 2017 \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Congregation \_\_\_\_\_ City \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Clinic Phone # \_\_\_\_\_  
Should we be aware of any special needs? Please Explain: \_\_\_\_\_  
\_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name \_\_\_\_\_  
Parent/Guardian Address \_\_\_\_\_  
(If different from camper)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
 Please Check this box to receive your confirmation packet via email.

## PROGRAM INFORMATION

Camp Session Requested \_\_\_\_\_  
Week # and Dates \_\_\_\_\_  
 Check this box is adding 3 day of Horsemanship during Week 3 Pioneers for \$75.  
 Check this box is adding Swim Lessons during Week 6 Pioneers for \$35.  
Cabin Mate Request (1) \_\_\_\_\_  
Cabin Mate Request (2) \_\_\_\_\_

## FOR OFFICE USE

Received Date \_\_\_\_\_ Amount Pd \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

## PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS

Please download the Parent and Camper Information Form and the Camper Health Form online from [www.BadlandsMinistries.org](http://www.BadlandsMinistries.org). Please fill out and mail the Camper Health Form to us prior to your camper's arrival at camp. If you need us to mail you these forms, please check this box.

My child has permission to take part in all camp activities, and I will not hold Badlands Ministries of its staff responsible for accidents, claims, or damages arising therefrom. I authorize Badlands Ministries to take action as deemed necessary for the care, welfare, and health of my child including consent for medical treatment. I also give Badlands Ministries permission to use any photograph or video of my child for promotional purposes.

Parent/Guardian  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

## PAYMENT INFORMATION

Payment by check or money order to *Badlands Ministries*.  
Total amount enclosed \$ \_\_\_\_\_

**\$175 deposit due with each full week registration.**  
**\$100 deposit due for half week programs.**

**Trail Blazers and Medora Day Camp do not require a deposit. All deposits non-refundable after May 1st.**

Payment by Credit Card:  
Card Type:  Visa  Mastercard  
Total to be charged: \$ \_\_\_\_\_  
Card Number \_\_\_\_\_  
3 Digit Verf Code \_\_\_\_\_ Exp Date \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Signature \_\_\_\_\_