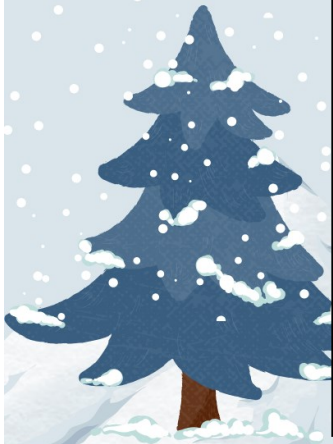


# Defrost



## BEAR LAKE CAMP DEFROST

SR. HIGH RETREAT - JANUARY 3-5, 2025

### Registration Form

Cost: \$90 per camper (includes a shirt) (\$100 after 12/16)

Shirt Size: S M L XL XXL

Name \_\_\_\_\_ M F

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_

Email Address \_\_\_\_\_

Name(s) of Parent(s)/Guardian(s) \_\_\_\_\_

Home Church \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Health Problems (circle all that apply)

Asthma Diabetes Heart Seizures

Headaches A.D.D/A.D.H.D.

Ear Problems Other: \_\_\_\_\_

*Please explain each check. Add page if necessary.*

Date of last Tetanus Booster \_\_\_\_\_

Family Doctor/Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Specific Restrictions \_\_\_\_\_

*This Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me above. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by Bear Lake Camp to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above. I understand that BLC provides Secondary Insurance.*

Signature/Date \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_