

# Bliss Summit Bible Camp 2018 Camper Registration Form

Please check the box next to the session you will attend.  
All camps will be running from Sunday at 4PM through Friday at 3PM

- July 5-6 – Discovery Camp (7-9yr)
- July 8-13 – Teen Camp (13-18yr)
- July 15-20 – Fusion Camp (8-10yr & 11-13yr)
- July 22-27 – Adventure Camp (11-14yr)
- July 29-Aug 3 – Junior Camp (8-12yr)

All camps cost \$235. (See brochure for discount programs.)  
A \$25 transferrable, non-refundable deposit must accompany this form.

Camper's Name \_\_\_\_\_ Gender \_\_\_\_\_

Birthdate \_\_\_ / \_\_\_ / \_\_\_ Grade in Fall \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Room Request \_\_\_\_\_ (We can only honor one mutual room request.)

\_\_\_\_ Yes, I would like to pre-order a T-shirt \_\_\_\_\_ Size  
Free if registration is postmarked before June 1. T-shirts purchased after June 1st will be \$15.

Are there any special considerations we should know about your camper?  
(allergies, behavior issues, etc.) \_\_\_\_\_

\_\_\_\_\_  
Please fill out, sign, and return separate Bliss Summit Health Form, along with this registration.  
**The medical form must be signed by your doctor if you would like your child to receive medication while at camp. This is required for both prescription AND over the counter medications including bug spray and sunscreen.** No doctor's signature is needed if your child will not need any medication.

### Parent Authorization

This Camper has my permission to participate in all camp activities, except as noted on the medical form. In the event I cannot be reached in an EMERGENCY, I hereby give permission to Bliss Summit Bible Camp to secure the proper treatment for my child, named above. I give Bliss Summit Bible Camp my permission to use photos and videos of my child engaging in normal camp activities for use in future camp promotions and publications.

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

\_\_\_\_\_  
Date

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