



Bethel Horizons Summer Camp 2012

BETHEL HORIZONS YOUTH REGISTRATION

Camper Name _____ Camper Name _____
 Boy _____ Girl _____ Grade Completed _____ Boy _____ Girl _____ Grade Completed _____
 Date of Birth _____ Age _____ Date of Birth _____ Age _____
 Program Name _____ Date _____ Program Name _____ Date _____
 2nd Choice _____ Date _____ 2nd Choice _____ Date _____

Parent/Guardian _____ Phone: (H) _____ (W) _____ (C) _____
 Address _____ Apt # _____ City _____ State _____ Zip _____
 Email _____ Congregation _____ City _____

Our child/children have permission to take part in camp activities including off-site activities under supervision and we agree that the camp or its personnel will not be held responsible for accidents or personal injury. I am responsible for any medical obligations incurred during the camping period and give the camp staff permission to seek medical treatment for my child/children in case of injury or illness. I hereby give consent to Bethel Horizons to use pictures of my child/children involved in camping activities in future Horizons brochures and publications including social media and website. All persons under 18 years of age who participate in week-long programs must present a health examination form signed by a doctor within the past two years as well as a current health history. Health care services are available at all times.

Parent's signature _____ Date _____

Pre-registration: \$150.00 (Non-refundable within two weeks of reserved camp period). Make checks payable to Bethel Horizons and mail to Bethel Horizons, Attn: Angie, 312 Wisconsin Avenue, Madison, WI 53703. Fax: 608.257.4044; email: bhorizons@bethel-madison.org

