

Butman Methodist Camp

2020 Camper Registration Form

Mail to: **Camp Registrar** Phone: 325-846-4212
158 County Rd. 674 Fax: 325-846-3231
Merkel, TX 79536 Email: camp@butmancamp.org
Web Site: www.butmancamp.org

For office use only

Check # _____ \$ _____ \$ _____
Amount of check this camper

Check From: _____

Check # _____ \$ _____ \$ _____
Amount of Check this camper

Check From: _____

Registering For: Please check all Camps that apply:

Camper Fees (Postmarked on or before...)

Camp Start Date

G.R.A.C.E. Camp 4th-6th (max age 13) (July 20-24)
(for campers w/ incarcerated loved one(s); call for fees and scholarships)

\$280.00 (full price...camper pays \$25.00)
(Donations always accepted)

*****Please see www.butmancamp.org for costs, dates, and Camp Directors for each camp*****
Registrations must be completed and signed by the parent/guardian. Many churches financially help their youth pay for camp. Please contact your home church about this possibility. Please have pastor or appropriate staff person sign registration form. The signed and completed Medical Form and registration fee must accompany the Registration Form, or forms will be returned for completion.

*****Please Print Legibly*****

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Camper Name _____
First (goes by) Middle Initial Last

Home Address _____
Street or Box Number City State Zip

Home Ph# (____) _____ **Cell #** (____) _____ **Camper e-mail** _____

School Grade Entering Fall 2020 _____ **Age at Camp** _____ **Birth Date** _____ **Gender** ___ (M) ___ (F)

Are you attending with a Church? Yes No

Name, Address, and Phone Number of Church _____

Parent/Guardian/Mother _____ **Parent/Guardian/Father:** _____

Address _____ **Address** _____
(If different from Camper) (If different from Camper)

Home Ph# (____) _____ **Home Ph#** (____) _____

Work Ph# (____) _____ **Work Ph#** (____) _____

Cell Ph# (____) _____ **Cell Ph#** (____) _____

Parent/Guardian Email: _____

Emergency Contact: _____ **Phone #** _____

Relationship to Camper: _____ **Who will pick up camper** _____

Roommate Preference (1 only please) _____
(Roommate preference not guaranteed. Roommate preference not available for campers registered onsite.)

Scholarship Eligibility Requirements (Check all that apply)

- Angel Tree Child/Camper (received at gift from Incarcerated parent through Angel Tree)
- Not an Angel Tree Child/Camper but has an incarcerated parent or step parent
- Child/Camper who lives in the household with another child who has an incarcerated parent
- A Child/Camper who had an incarcerated parent that has been released

Name of incarcerated **parent/step parent** _____

Name of prison or jail facility (if known) _____

Camp Activities at **Butman Methodist Camp** may include but are not limited to: swimming, hiking, sports, water slide, group games, Ropes Course and Climbing Wall activities. I do hereby assume all risk of the above and any other ordinary risk incidental to the camp setting and will NOT hold the NWTX Conference, Butman Methodist Camp and their Trustees, employees and agents harmless from any and all liability When participating in the Angel Tree associated camp, I acknowledge that my child may be photographed for print, videotaped, or electronically imaged (Images) and that my child's first name and biographical information, and/or comments and quotes may be obtained of the above named camper, taken during camp activities, for publicity purposes, in advertising materials, Camp's social media outlets, website, and other published formats. I hereby release Butman Methodist Camp, Prison Fellowship & anyone working on their behalf from any and all liability, claims, and causes of action that I might have arising out of the use of such Materials, to include rights of publicity and privacy. The Materials will be the sole property of Butman Methodist Camp & or Prison Fellowship.

Custodial Parent/Guardian's Signature _____ **Date** _____

Please Note: All camp fees are nonrefundable.

Camper Medical Form

Camper Name: _____ **Camp(s) Registering For:** _____

The following information is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. **Everything must be completely filled out or form will be returned.**

Immunization History: Please record the date (month/year) of basic immunizations and most recent boosters.

Vaccines	Year of Basic Immunization	Year of Last Booster
Hep B – hepatitis B		
DTP – diphtheria, tetanus, and pertussis (or)		
DTaP – diphtheria, tetanus, and acellular pertussis (or)		
DT – diphtheria and tetanus (or)		
Td – tetanus and diphtheria		
Hib – <i>Haemophilus influenzae</i> type b		
PCV – pneumococcal conjugate virus		
OPV – oral poliovirus (or)		
IPV – inactivated poliovirus		
MMR – measles, mumps, and rubella		
Varicella – chickenpox		
TB Test – tuberculin test		
PPV – pneumococcal polysaccharide virus		
Hep A- hepatitis A		
MCV (Meningococcal Vaccine)		
Other		

Health History: Circle and give approximate date (mo/yr) where applicable

Health Problems	Diseases	Allergies- please list all
Frequent Ear Infections	Chickenpox	Hay Fever
Heart Defect/Diseases	Measles	Ivy Poisoning, etc.
Convulsions	German Measles	Insect Sting
Diabetes	Mumps	Penicillin
Bleeding/Clotting Disorders	Other	Other Drugs
Hypertension		Food Allergies
		Other Allergies

Does your child have Asthma? Yes No

Operations or serious injuries (dates) _____

Chronic or recurring illness or medical condition _____

Dietary restrictions or special requests _____

Activities to be encouraged or limited _____

Current medications: PLEASE FILL OUT ATTACHED FORM.

COMMENTS: Please list any special circumstances that might affect how the camper relates to others at camp. Examples: special dietary needs, short attention span, family or personal circumstances, etc.

For Females: Has this person begun menstruation? ____ yes ____ no If not, has she been told about it? ____ yes ____ no

If so, is her menstrual history normal? ____ yes ____ no Special Consideration? _____

To the Best of My Knowledge _____

is in good health and is able to participate in all camp activities with the limitation listed above. In the event of an emergency and I am unable to be reached, I hereby give my permission for whatever emergency medical procedures might need to be performed by staff, first aid personnel, and/or by medical doctor on call at the emergency medical facility. **I understand that should the medical history change, it is my responsibility to let the camp director know at camp registration.**

Custodial Parent/Guardian Signature _____ **Date** _____

Insurance Information:

Please Note: Camper's insurance coverage, through the camps, is provided as a "secondary" or back-up" coverage on a limited basis to any other coverage camper has under separate, private, or group plans.

Please send a copy of your insurance Identification card (Front & Back) along with registration.

Medical Insurance Company _____

Policy# _____ Group# _____

Insurance Address & Phone # _____

Family Physician Name & Phone # _____

