

CAMPER REGISTRATION

Camper Name _____ Birthday ____/____/____ Age ____
 Mailing Address _____ City _____ St _____ Zip _____
 Grade Completed in May 2019 _____ Boy ☐ Girl ☐ 1st time camper ☐ Repeat camper ☐
 Parent's Name[s] _____
 Phone #1 _____ Cell #2 _____

I am attending:

- ____ [A] Teen
- ____ [B] SaLT
- ____ [C] Primary
- ____ [D] Junior I
- ____ [E] Junior II
- ____ [F] Junior Hi
- ____ [G] Inter.
- ____ [H] Middler

Parent Email _____

Home Church _____

I wish to stay in a cabin with: [one name only] _____

Medical History and Information

May we give Tylenol or antihistamine to camper listed? YES NO

Does camper have allergies/food restrictions/limitations/medications? *Attach note.*

Circle all that apply:

Wets bed Asthma ADD/ADHD Current Tetanus shot Bee sting reaction

MEDICAL RELEASE

I give permission for my child to receive medical treatment in the event of an emergency. I understand that VCBC provides only limited accident-sickness-medical coverage and that I am responsible for any additional charges arising from any illness/injury that may occur.

LIABILITY RELEASE

I release my child to participate in all camp activities except as noted under camper medical history, including trips away from the campgrounds.

PICTURE RELEASE

Your registration provides Victory Center Bible Camp the authorization to use photos and videos of your camper for promotional purposes.

PRINTED Name of Parent/Legal Guardian

SIGNATURE of Parent/Legal Guardian

CAMPER COMMITMENT

I will cheerfully obey the camp rules and conduct myself as I am instructed. By my signature I agree to be held accountable to this statement.
 Failure to do so may result in being sent home early.

CAMPER signature REQUIRED

CHECK AVAILABILITY ON WEBSITE

Please check if camps are full on the camp website before sending in this registration.
www.victorycenterbiblecamp.com

FINANCIAL INFORMATION

Make payment to 'Victory Center Bible Camp'

____ I have included \$_____ for registration fees.
 [after May 15 the late fee applies]

____ I am interested in a camper scholarship.
 Please contact me about details.

WHERE TO MAIL CAMPER REGISTRATION:

BEFORE May 29 Mail to: Ken Toews PO Box 524 Kadoka, SD 57543

AFTER May 29 Mail to: Victory Center Bible Camp 28339 Bad River Road Ft. Pierre, SD 57532

OFFICE USE ONLY Pre/Late Cash/Check Bank Purchase