

# Beulahland Christian Camp Registration Form



Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Age: \_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M F

Grade completed in 2020: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_

Name of Parent or Guardian child lives with:

**Father's** Full Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

**Mother's** Full Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

**Emergency Contact** (other than parent, if camper is a foster child, use case worker)

Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Does the Child have Health Insurance? Yes No

Company: \_\_\_\_\_

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

Family Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

Immunizations-Month & Year

D.P.T Series: \_\_\_\_\_ Tetanus: \_\_\_\_\_

Mumps: \_\_\_\_\_ Measles: \_\_\_\_\_

Rubella: \_\_\_\_\_ Other (specify) \_\_\_\_\_

Allergies: Environmental: \_\_\_\_\_ Poison Ivy/Oak: \_\_\_\_\_

Insect Stings: \_\_\_\_\_ Foods (specify): \_\_\_\_\_

Other: \_\_\_\_\_

Is Camper bringing medications to camp? \_\_\_\_\_

The health history is correct to my knowledge, and the person described herein, has permission to engage in all prescribed camp activities, except those listed by me here:

\_\_\_\_\_.

In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the Camp Director/Manager, to hospitalize, secure proper treatment for, and to offer injection, surgery, or anesthesia for the person named above.

Photos (no names) of campers may be used on the camp website to promote Beulahland Christian Camp. Campers may travel to activities off campgrounds.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of Parent/Guardian (If camper is a foster child the caseworker must sign).

**Donation fee for camp is \$200. Please register by June 1.**

Check in time for youth camps is on Sunday at 3:30pm! - *Check in is located at the Lodge.*  
Pick up time for youth camps is on Thursday at 3:30!-*Pick up is located at the Shelter.*

Please send all registration to:  
Beulahland Christian Camp  
Box 35  
22473 Abbey Rd.  
Elgin, IA 52141

For questions regarding the camp scholarships, please call:  
Keith Hanson 563.419.1164

**What to Bring:** Sleeping Bag, Pillow, towels, personal care items, water bottle, clothes for: sleeping, recreation, water activities, night adventures, old shoes, insect repellent, flashlight, rain gear, Bible, Notebook, Pen/Pencil. Modest swimwear required. No electronics. Personal Hand sanitizer is recommended.

**Medications:** All medications must be kept in original containers. Each container must list the recipient's name, the name of the drug, original orders, dosages, dates, directions for use, and specifics for special storage. All medications, including over the counter meds, are to be kept and administered by the camp administration while at camp.