

Butman Methodist Camp

2021 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...	March 22nd	After March 22nd
<input type="checkbox"/> Young Elementary 3rd-4th (June 7-9)	\$164.00	\$175.00
<input type="checkbox"/> G.R.A.C.E. Camp 4th-6 th (max age 13) (June 14-18) (for campers w/ incarcerated loved one(s); call for fees and scholarships)	\$305.00	\$305.00
<input type="checkbox"/> New Dawn II ages 18+ (June 28th-July 2nd) (for intellectually challenged adults ages 18+)	\$315.00	\$328.00
<input type="checkbox"/> Elementary One Way Advance 4th-6th (July 12-16)	\$305.00	\$318.00
<input type="checkbox"/> Sr. High One Way Advance 9th-12th (July 26-30)	\$315.00	\$328.00
<input type="checkbox"/> Mid High One Way Advance 6th-8th (August 2-6)	\$315.00	\$328.00

*****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

Please Print Legibly

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Camper Name _____
 First (goes by) Middle Initial Last

Home Address _____
 Street or Box Number City State Zip

Primary Ph# (____) _____ **Camper e-mail** _____

School Grade Entering Fall 2021 _____ Age at Camp _____ Birth Date _____ Gender __ (M) __ (F)

What Church did you come to camp with? _____ Phone# (____) _____

Church Address _____
 Street or Box Number City State Zip

Pastor's Name _____ Pastor's Signature _____
 (Please print)

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

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

Primary Ph# (____) _____ Primary Ph# (____) _____

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

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

Parent/Guardian Email: _____

Emergency Contact: _____ **Phone #** _____

Relationship to Camper: _____ Who will pick up camper _____

Does camper have an incarcerated parent/loved one? Yes No

Name of incarcerated parent/loved one _____

Name of prison or jail facility (if known) _____

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

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 hold the NWTX Conference, Butman Methodist Camp and their Trustees, employees and agents harmless from any and all liability. I hereby grant permission to Butman Methodist Camp & Retreat Center to use photos of the above named camper, taken during activities at camp, for publicity purposes, in advertising materials, Butman Methodist Camp's social media outlets, and or on the camp's web site.

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 – <i>hepatitis B</i>		
DTP – <i>diphtheria, tetanus, and pertussis (or)</i>		
DTaP – <i>diphtheria, tetanus, and acellular pertussis (or)</i>		
DT – <i>diphtheria and tetanus (or)</i>		
Td – <i>tetanus and diphtheria</i>		
Hib – <i>Haemophilus influenzae type b</i>		
PCV7 – <i>pneumococcal conjugate virus</i>		
IPV – <i>inactivated poliovirus</i>		
MMR – <i>measles, mumps, and rubella</i>		
Varicella – <i>chickenpox</i>		
TB Test – <i>tuberculin test</i>		
PPV – <i>pneumococcal polysaccharide virus</i>		
Hep A - <i>hepatitis A</i>		
MCV- (<i>Meningococcal Vaccine</i>)		
Flu - <i>influenza</i>		
Immunization or any other shots		

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 # _____

