

Bingle Camp Registration Form

Please use one registration per child

Date completed _____

Camper Name: _____

Camp(s) 1) _____ Dates: _____

2) _____ Dates: _____

M__ F__ Age of Child _____ Birthdate _____ Grade in Fall: _____

For Just You and Me—adult attending: _____ Relationship: _____

Parent(s)/Guardian Name: _____

E-mail address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone(s): _____/_____

Resident Address: _____

Local Church Affiliation: _____

Cabin Buddy: _____ *Limited to 2 choices*

How did you hear about Bingle Camp? _____

This is the camper's ___1st time ___2nd Time ___3rd time ___year

I am bringing a friend new to Bingle: _____

To receive the Early Bird special, listed in red, registration form and full payment must be postmarked no later than April 15.

Cost of 1st Camp \$ _____

Cost of 2nd week of Camp..... \$ _____

Minus 10% for 2nd Camp (lowest camp cost) \$ _____

I would like to donate to the Scholarship Fund

to help other children experience Bingle Camp \$ _____

Total Due: \$ _____

Amount Enclosed: \$ _____

Balance Due by June 15th \$ _____

I am willing to help those that may need a ride to Bingle Camp!! YES ___ NO ___

Credit Card Info:

If paying by credit card: Visa ___ MC ___ Discover ___ Card # ___/___/___/___

Name on Card _____ Zipcode _____ Exp. Date: ___/___

Amount \$ _____

I, the undersigned, being the parent or legal guardian of the child named above, (the Camper) permit my child to participate in all camp activities, to be transported in privately or camp-owned vehicles for scheduled off-site activities or in emergencies; and will hold the camp, its agents or employees harmless in case of injury or illness. I understand that I will be notified in case of medical emergency involving my child. I give permission for my child's photo to be used in publicity for Bingle Camp. I also understand the camp fee includes a non-refundable deposit.

Signature : _____ Date: _____

**Send to: Bingle Camp, P.O. Box 80570, Fairbanks, AK 99708 or Fax to 479-8879
Questions? Call Camp Office 479-0562 or email bingle@polarnet.com**

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For Office Use Only

Total Camp Fee..... \$ _____ Check # _____ Letter sent:

Minus Payment received..... \$ _____ Date Rec'd _____

Church Scholarship received..... \$ _____ Date Rec'd _____

Bingle Camp Scholarship given \$ _____

Balance Due \$ _____

2nd Payment Cash CC Ck# _____ \$ _____ Date Rec'd _____

Health Form

Camper Name: _____ **DOB:** _____ **Age:** _____ **M F**
Home address: _____
Parents/Guardian: _____
Address if different from above: _____
Home Ph: _____ **Work Ph:** _____ **Cell:** _____
Other parent or emergency contact: _____ **Relationship:** _____
Address: _____
Home Ph: _____ **Work Ph:** _____ **Cell:** _____
Medical Insurance Carrier: _____
Policy # _____
SSN of policyholder or insurance ID number: _____

Mark any of the following that apply to the camper,

Asthma _____ Diabetes _____ Heart Problems _____ Convulsions _____ Bed Wetting _____
Sleep Walking _____ ADD or ADHD* _____ Other: _____

**If the camper is diagnosed with Attention Deficit Disorder or Hyperactivity, please attach a sheet describing the camper's routine, medications and what methods have been effective in helping this camper manage in a structured environment.*

Comments on any of the above information: (Use additional paper if necessary)

Date of last physical exam: _____ Date of last tetanus shot: _____

List all known allergies and reactions (insect bites, medications, foods, plants, etc.)

Hospitalizations, operations and/or serious injuries (please give dates):

Chronic/recurring illnesses:

List names and dosage of medications being taken. (All medications, including over the counter, will be turned over to the Health Care Provider at the camp to dispense.)

Use this space to provide additional information about the camper's behavior and physical, emotional, or mental health about which the camp should be aware.

Name of family physician: _____ Phone: _____

Address: _____

Name of family dentist/orthodontist: _____ Phone: _____

Address: _____

One or more of the following may be administered to my child as needed,
Tylenol Ibuprofen 1% Hydrocortizone Cream Topical Benedryl
I do not give permission for camp to give over the counter medications

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by camp personnel to secure and administer treatment, including hospitalization, for the person named above. I hereby give permission to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. This completed form may be photocopied for trips outside of camp.

Signature: _____ Date: _____

TO BE COMPLETED ON FIRST DAY OF CAMP (Do not complete in advance)

Questions to be asked at on-site registration:

1. Has any information on this form changed since it was originally completed? _____
2. During the past two weeks, has the camper or anyone in the camper's household been sick or contagious in any way? _____
3. Does the camper currently have any rashes, itching, bruising, cuts, open sores, or any other condition we should know about? _____
4. Did the camper bring any medication to camp? _____
5. Who is authorized to pick up Camper? _____

Screener's Initials _____ Parent/Guardian

Signature: _____ Date: _____