



# Butler Springs Christian Camp

3701 State Route 41

Hillsboro, OH 45133

Phone (937) 588-2205

Campers Name \_\_\_\_\_  
Last First (Preferred Name) Middle

Gender: Male Female Immersed: YES NO Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering in Fall \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Church \_\_\_\_\_

Mother Name \_\_\_\_\_

Home (\_\_\_\_)\_\_\_\_ - \_\_\_\_ Work (\_\_\_\_)\_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_)\_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_ MI \_\_\_\_\_

Father Name \_\_\_\_\_

Home (\_\_\_\_)\_\_\_\_ - \_\_\_\_ Work (\_\_\_\_)\_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_)\_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_ MI \_\_\_\_\_

*IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, PLEASE NOTIFY:*

Emergency Contact \_\_\_\_\_

Home (\_\_\_\_)\_\_\_\_ - \_\_\_\_ Work (\_\_\_\_)\_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_)\_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

Session Registering For \_\_\_\_\_

What size shirt does the camper wear? Please circle one of the following:

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

**Please submit nonrefundable deposit of \$45 with each registration**

If your church is paying for any portion of your tuition cost, please write the church's coupon code **LEGIBLY** and have the camp representative sign.

Coupon Code \_\_\_\_\_ Camp Rep Name \_\_\_\_\_ Camp Rep Signature \_\_\_\_\_

Method of Payment Check or Credit Card Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name On Credit Card \_\_\_\_\_ Type: MasterCard Visa Discover American Express

Credit Card \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Security Code (3 Digit # on Back) \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

If you are not comfortable putting your Credit Card information on this form but still would like to pay your balance with a credit card, please send your deposit by check or cash through mail with this form. Its your responsibility to contact BSCA and we will take your credit card information over the phone.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's City \_\_\_\_\_ Doctor's Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Do you give your child Tylenol? YES NO Date of last Tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_ (if not completed, shot will be given in an emergency)

Medical History: \_\_\_Measles \_\_\_Diabetes \_\_\_Mumps \_\_\_Seizures \_\_\_Asthma \_\_\_Whooping Cough

Allergies: \_\_\_Penicillin \_\_\_Poison Ivy \_\_\_Bees \_\_\_Other (specify) \_\_\_\_\_

### Agreement to Participate: Assumption of Risk and Release

The Challenge Course is an activity based program that has been used successfully to build teams and promote trust here at Butler Springs. Groups range from summer camp, sports teams, leadership teams, corporation, civic and church youth groups and many others. I understand that during the said activities that the Applicant is requested to participate in, that certain risks and dangers may occur. These include, but are not limited to the hazards of depending on other people and being at various heights (0 to 100"), accident or illness in remote places without medical facilities, the forces of nature and travel by air, boat, automobile or other conveyance. The undersigned further recognizes risks may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting from this challenge course experience or other type of outdoor activities. I further understand that in participating in the activities I am requesting to participate in, I will be exposed to the elements of nature including inclement weather. I further understand that medical treatment may be several hours away in the event of a medical emergency. I understand that my participation in the Butler Springs program is entirely VOLUNTARY and that I may excuse myself from participation if I so desire.

In case of emergency, I hereby give permission to the physician selected by the camp management to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. I understand however, that every effort will be made to contact me in such of an emergency, and if possible, before any such medical treatment is administered. Unless stated below, I hereby give permission for my child to participate in all activities including the ropes course (SOAR Challenge) and I have read the Agreement to Participate: Assumption of Risk and Release above. I hereby release Butler Springs from any responsibility other than normal supervision and care. In case of accident, I will not hold Butler Springs Christian Assembly or its staff members, management, or officers liable unless guilty of gross disregard for the safety and welfare of the camper. I give permission for any appropriate photographs and/or videos of my child to be used for future Butler Springs promotional purposes.

\_\_\_\_ NO, I do not give my child permission to participate in the Rope Course.

IF I AM UNABLE TO PICK UP MY CHILD AT DISMISSAL, I give \_\_\_\_\_ permission to bring my child home.

(Sign out procedures are required for Day, Beginner, and Middler Camps or if campers leave early with someone other than parent)

\_\_\_\_\_  
Signature of Parent / Legal Guardian Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Camper was picked up by: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ AM PM

(To Be Signed At Dismissal Only)