

Bingle Camp Registration Form

www.binglecamp.org for online registration!

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: _____

(limit to 2 choices, this is not a guarantee)

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: _____

Recieve a Bingle Camp nalgene style water bottle "FREE" when you register prior to 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 _____ Exp. Date: ____/____ Amount _____

Billing Zipcode _____

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 907-479-8879**

Questions? Call Camp Office 907-479-0562 or contact us at www.binglecamp.org

For Office Use Only

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

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

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

Balance Due..... \$ _____ Date due: _____

Bingle Camp Scholarship given \$ _____

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 trip; 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: _____