

West Virginia Blackhills Camp

Free Methodist Churches

Camp Phone (304) 291-0840



2008 Children's Camp Registration Form

Children may arrive between 1:00 PM and 3:00 PM on Tuesday, June 24th for sign-in and room assignment.

Camp opening is at 3:00 PM in the tabernacle

All campers must be picked up by 2:00 PM on June 27th.

Please mail this form, along with payment, to:

Judy McCoy

**426 Camden Avenue
Monongah, WV 26554**

*Make checks payable to:
"WV Blackhills Camp"*

Camp cost per person:

\$70.00 if registration and payment are received by June 1st.

(Each additional person from the same immediate family is \$65.)

\$80.00 if registration and payment are received after June 1st.

(Each additional person from the same immediate family is \$75.)

T-Shirts will be available at registration!

The cost of the T-Shirt is included in the camp registration fee.

Please circle the size you wish to order:

(Children's) S M L XL

(Adult) S M L XL

Name: _____ Birthdate: ___/___/___ Phone: (____) ____-_____

Address: _____ City: _____

State: _____ ZIP: _____ Grade (going into): _____ Gender: M / F

You should list ONE person you would like to room with (no guarantees):

I give my child permission to go to the Grafton pool: _____

Signature of Parent or Guardian: _____

This form must be completed and submitted in advance or during registration
along with a **CAMP MEDICAL FORM.**

Please turn over for Medical Form.

WV Christian Life Mountaineer Camp June 24-27, 2008

Medical Form

WV Free Methodist Blackhills Camps

Camper Information

Name: _____ Birthdate: ___/___/___

Address: _____

Parent/Guardian Information

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Emergency Contact (other than parent/guardian listed above)

Name: _____

Phone: _____ Relationship: _____

Insurance Information

Company: _____ Policy #: _____

Address: _____

Policyholder: _____

Medical Information

List any allergies _____

Present Medications _____
(include dosage) _____

List any medical _____
Problems _____

Family Doctor _____ Phone _____

Date of Last Tetanus Shot: ___/___/___

Release and Signatures

In case of emergency, the camp directors have my permission to treat or sign for medical/surgical treatment at a health care facility. (Every attempt will be made to notify parents/guardians.)

Authorization is given for camp staff to give my child Tylenol as needed for minor aches, pains, etc.

I have read the above and I give my consent for treatment of my child. I also further agree that the Blackhills Camp, Camp Association, the Free Methodist Church, nor camp staff will be held liable or responsible for any injury or incident involving my child.

Signed: _____ ___/___/___

Witness: _____