

BEECHWOOD HILLS CHRISTIAN YOUTH CAMP  
CAMPER & BLT APPLICATION 2022

Name: \_\_\_\_\_ Age @ Camp: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please check which week the above camper will be attending:**

- |   |                             |                                    |                                      |
|---|-----------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Spring Retreat—May 20-21, 2022                 | <b><u>T-shirt Size:</u></b> | <input type="checkbox"/> Y Small   | <input type="checkbox"/> A Small     |
| <input type="checkbox"/> Senior Week – June 26-June 30, 2022—Ages 14-18 |                             | <input type="checkbox"/> Y Medium  | <input type="checkbox"/> A. Medium   |
| <input type="checkbox"/> Junior Week—July 24-28, 2022—Ages 8-13         |                             | <input type="checkbox"/> Y Large   | <input type="checkbox"/> A. Large    |
|   |                             | <input type="checkbox"/> Y X-Large | <input type="checkbox"/> A. X-Large  |
|   |                             |                                    | <input type="checkbox"/> A. 2X-Large |

**\$130.00 Early Bird Special (UNTIL MAY 20<sup>th</sup>)**

\$160.00 (Membership Discount Only)

\$35 for 1<sup>st</sup> kid \$10 each additional: Spring Retreat

**Photo/Video Release**

I also give my permission for my child to be photographed or videotaped and allow Beechwood Hills to release said pictures for publicity purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree that the information given above is accurate and correct to the best of my knowledge. I agree to my child listed above to attend Beechwood Hills Christian Camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Health History Record Form

Health History Record of: \_\_\_\_\_  Male  Female

Birthdate: \_\_\_\_\_

All information in this section will be kept confidential and only shared with essential staff members.

**Emergency contact Information:**

Please give the name and number of someone other than parent or guardian who can be reached in an emergency if no one can be reached at home.

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Phone Number \_\_\_\_\_

Insurance Information Medical Insurance Co.	
Cardholder's Name	Doctor's Name
Policy Number	Doctor's Phone #

The following information is requested so that the camp can better meet the physical, intellectual, and emotional needs of the camper.

Is the camper having any of the problems listed above	Yes	No		Yes	No
Hay fever, asthma, wheezing Date of last attack:			Trouble with passing urine or bowel movements		
Eczema or frequent skin rashes			Shortness of breath		
Convulsions/seizures			Speech problems		
Heart Trouble			Menstrual problems		
Diabetes			Dental problems		
Frequent colds, sore throats, ear aches (4 or more per year)			Other		

Please explain any problem areas identified above including any current infectious diseases:

If female, has she been told about menstruation (answer if appropriate) yes \_\_\_\_ no \_\_\_\_

Has she menstruated (answer if appropriate) yes \_\_\_\_ no \_\_\_\_

Operations or injuries:

Explain any special health, behavioral, or emotional considerations. (bedwetting, fainting, sleep walking, etc.)

Explain Special conditions to be watched for such as ALLERGIES (reactions to food, penicillin, or other drugs, **bee stings**), (If your child is allergic to peanuts, please note if the allergy is ingested or airborne.) Please specify what the reaction was. (rash,difficulty breathing, etc.)

Explain any environmental/seasonal allergies. Please explain what the reaction was to such allergy.

Should the camper's activity be restricted in any way because of any physical limitation or illness? Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain degree of restriction.

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Medication needed or used (including psychiatric)				Currently being given		Going to be given at camp	
Kind	Dosage	Frequency	Reason for Medication	Yes	No	Yes	No

**Note to Parents: It is not the camp's responsibility to provide medication or supplies to campers with long term conditions. Please bring PRN over-the-counter and prescription drugs for your camper with you to registration. Please make sure to bring enough medication in the original bottle with camper's name and make sure it isn't expired. This should include inhalers and epi-pens.**

**Immunizations:**

Are camper's immunizations up to date? \_\_\_\_\_ Date of most recent tetanus? \_\_\_\_\_

The following medications are part of the BWH standing orders. **THESE ARE THE ONLY MEDICATIONS AVAILABLE.** Please check the medications you would **NOT** want your child to receive.

Medication	Common Brand Name	<b>NO</b>	Common conditions treated with this medication
Acetaminophen	Tylenol		Pain, headache, stomach ache, fever
Analgesic Ointment	Solarcaine/Aloe		burns, sunburns
Antibiotic Ointment	Triple antibiotic		Cuts, scrapes
Anti-diarrheal	Immodium AD		Diarrhea
Anti-gas/Anti-acid	Tums		Stomach ache, Heartburn
Anti-itch	Calamine lotion		Poison Oak, Ivy, & Sumac, Bug Bites
Antihistamine	Benadryl		Severe Allergies ONLY
Dextromethorphan/guafinesin	Robitussin DM		Cough
Hydrocortisone Cream	Cortaid/Benadryl Cream		Rashes, Bug Bites
Ibuprofen	Motrin, Advil		Pain, headache, fever, inflammation
Naproxen/sodium	Aleve		Pain, headache, fever, inflammation
Antihistamine	Claritin		Seasonal Allergies, itching
Gold Bond	Gold Bond		Chaffing, Fungus

I hereby give permission to medical personnel selected by the camp staff to order X-rays, routine tests, and treatment for my child, \_\_\_\_\_. In the event of an emergency and I cannot be reached, I hereby give permission to the physician selected by BWH to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to the camper listed above. I further authorize the release of the medical information contained on the Health History Record to appropriate medical personnel and/or the health coverage insurance company. In addition, I hereby release BWH, its staff, Board of Directors from liability associated with participation in camp activities. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in participating in recreations activities and other programs related to participation in youth functions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

BEECHWOOD HILLS CHRISTIAN YOUTH CAMP

**Rules to be previewed before attending Beechwood Hills Christian Youth Camp:**

**Visitor Policy:**

Part of the magic of camp is making great friends while being away from home. We ask that there be no social visits to campers or staff during sessions as it can be very difficult on other campers. If any individual plans on volunteering a day or even a few hours, please fill out a staff application and submit this application to the Administrator before the deadline of May 1<sup>st</sup>. A Central Registry Clearance form is also required to be submitted to the State of Michigan to volunteer.

If a visit to the camp is necessary, please contact the Administrator prior to visiting at (269) 793-7565. Upon arriving please sign in at the office and present valid photo identification. A visitor badge will be issued at check in and required to be worn during the visit.

**Time for Drop-off and Pick-up:**

Registration begins Sunday at 3:00 pm. Registration could take up to an hour. **To be guaranteed a shirt on Registration day, please register by May 20, 2022.** After that time, a shirt will still be provided but may be up to a week or two later. Pick-up is the following Thursday at 6:00 pm .

**AUTHORIZATION:**

I have reviewed the Policies & Procedures with the above camper. The camper named in the application hereby applies for admission to Beechwood Hills Summer Youth Camp and agrees to submit to the regulations of the camp, counselors, and the administrator.

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to the regulations of the camp and hereby consent to the participation of my child in the activities of Beechwood Hills Summer Youth Camp during the selected camping session, except for the following (if any):

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Camper Release Form**

To assure that a camper is not released into the custody of another person without a written statement of permission from the authorized person:

**NO CHILD WILL BE RELEASED TO ANYONE OTHER THAN STATED ON THE RELEASE FORM.**

Each child will need to be picked up on the Thursday night of their camp session at approximately 6:00 pm, unless other arrangements have been made with the Director of the designated camp week your camper is attending.

If the child is of age to drive, please note below that they have your permission to drive themselves home. Please authorize a staff member to sign your camper out stating that they have left the grounds of Beechwood Hills Christian Camp. In this event, releasing Western Michigan Christian Encampment DBA Beechwood Hills Christian Camp of any reliability from time of Check-Out.

If I am not able to pick up my child or they can drive themselves, the camper may be released ONLY to the following people:

\_\_\_\_\_

\_\_\_\_\_

By signing below, I, \_\_\_\_\_, give Beechwood Hills Christian Camp authorization for the above people to have my camper released to upon Check-Out.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following camper was released to \_\_\_\_\_ on \_\_\_\_\_  
at the following time. \_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_ Date: \_\_\_\_\_