

**2010 Registration Form (PLEASE PRINT)**

Camper's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ School \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**Session: Junior:** June 21-26 \_\_\_\_\_ June 28-July 3 \_\_\_\_\_ **Teen:** July 26-31 \_\_\_\_\_

Roommate Request\* \_\_\_\_\_

Name of any person who has permission to pick up this camper \_\_\_\_\_

Emergency Contact if we are unable to reach a parent \_\_\_\_\_

**For office use only:**

Camper Fee

\$ \_\_\_\_\_

Registration Fee

\$ \_\_\_\_\_

Balance Due

\$ \_\_\_\_\_

**Health Concerns:**

\_\_\_\_ Asthma    \_\_\_\_ Inhaler    \_\_\_\_ Epi-Pen

\_\_\_\_ Sinus Trouble    \_\_\_\_ Ear Problems

\_\_\_\_ Diabetes    \_\_\_\_ Skin Problems

\_\_\_\_ Food Allergies (please note below)

Heart Trouble (doctor's written permission to attend)

**Sign up Early!**

Space is Limited!

All registrations postmarked  
before May 22nd will receive a  
\$10 discount!

**Circle Discounts \*\*  
Camper has Earned:**

Early Registration

Mailbox Club

Scripture Memory

5th Year Camper

Allergic to these  
medicines/

foods: \_\_\_\_\_

Medicine taken regularly: \_\_\_\_\_

Other Information: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ ID# \_\_\_\_\_ Member \_\_\_\_\_

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

**A nonrefundable \$50 registration fee must accompany this slip. Give or Mail registration to your Bible Teacher. Bring the balance of your nonrefundable camp fee and any coupon for discount to camp at check-in.**

**Make checks payable to Children's Bible Ministries of Virginia, Inc.    Amount enclosed: \_\_\_\_\_**

**PARENT AGREEMENT:** I am willing for my child to attend CBM of VA camp for the full time specified by CBM. I understand that neither the camp nor the insurance company will be responsible for the medical treatment or liability resulting from physical conditions existing prior to my child's coming to camp. I give permission for treatment by a doctor in case of sickness or accident. I understand my child's photo may be used for CBM promotional material. **\*\*Discounts must be verified by CBM records. For more information, contact your Bible Teacher.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**CAMPER AGREEMENT:** I am going to the Children's Bible Ministries of Virginia Camp. I will heartily participate in all activities, respect others, and obey camp rules. **\*I understand roommate requests are subject to bunk availability and CBM staff discretion.**

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