



BRANCHING OUT
Connecting through Christ
REGISTRATION FORM
SUMMER CAMP 2017

TO REGISTER

Complete this form (both sides!) and return it to **Brethren Woods, Attn. Registration, 4896 Armentrout Path, Keezletown, VA 22832**. A **minimum deposit of \$50** must accompany this form. This deposit is non-refundable and non-transferable. Checks should be made out to **Brethren Woods** (no cash, please!). One registration form per person. Online registration and payment by credit card is available at www.brethrenwoods.org/summercamp. Confirmation packets will be e-mailed to the parent/guardian e-mail address listed below. To also have a confirmation packet mailed to your home address, please check here.

CAMPER INFORMATION			
First Name: _____		Middle Initial: _____	Last Name: _____
Address: _____			
<i>Street and Number</i>		<i>City</i>	<i>State</i>
<i>Zip Code</i>			
Home Phone Number: (____) _____		Home Church: _____	
Grade Completed in 2017: _____		Birth Date: _____	Age: _____
Sex: M F	Height: _____	Weight: _____	T-Shirt Size: Youth: S M L Adult: S M L XL XXL
Cabin-Mate Request (<i>One name only! We cannot guarantee that your request will be met.</i>) _____			
Parents/Guardians: _____			
<i>Name</i>		<i>Phone Number</i>	<i>E-mail Address</i>
Emergency Contact: _____			
(Other than Parent/Guardian) <i>Name</i>		<i>Relationship</i>	<i>Phone Number</i>
How Did You Hear About Brethren Woods? _____			

CAMP PROGRAM SELECTION - Please Indicate 1st, 2nd, and 3rd Choices			
	DATES	NAME OF CAMP PROGRAM	CAMP USE ONLY
1st CHOICE			
2nd CHOICE			
3rd CHOICE			

PERMISSION AND AUTHORIZATION

I certify that the camper registering is in good health and may participate in the camping activities for the selected program. I authorize the officials of Brethren Woods to act in an emergency and give permission to the physician selected by Brethren Woods to hospitalize, secure proper treatment, and/or order injection, anesthesia, or surgery for the camper named on this form. I will abide by the camp's decision should it be necessary to send the camper home for any reason, including illness and behavior. I give Brethren Woods and partner organizations permission to use photos and video recording of the camper for publicity purposes. I agree that the camper will abide by all regulations for personal conduct and the use of camp property, will participate fully in the camp program, and will accept the camp's decision regarding area assignments.

Signature of Camper

Signature of Parent/Guardian/Adult Camper

Date

CHURCH SUPPORT

To receive church support, this box must be filled out by a pastor or camp representative.

Our church is contributing the following amount toward this camper's registration:
 \$ _____ OR _____%

Signature of Pastor or Camp Representative

Full Name of Church

CAMP USE ONLY

Postmark Date: _____ Area: _____

Date Entered: _____ Counselors: _____

Entered By: _____

Session/Program: _____ Check In: _____

Photo DVD: _____ x \$10.00 = _____

Deposit: _____ Check #: _____ Photos Online: _____ x \$10.00 = _____

Church Support: _____ Picnic: Adult _____ Child _____

Discount: _____ **Balance Due:** _____

Donation: _____ **Total Fee Rec'd at Camp:** _____

Cash **Check #** _____

CAMPER PROFILE

Help us serve you and your child better by answering the following questions honestly and completely. Your answers DO NOT affect your child's eligibility to attend camp at Brethren Woods! Feel free to include a photo of your child.

How Would You Describe Your Child? _____

What Are Some of Your Child's Hobbies, Talents, and/or Special Interests? _____

How Does Your Child Relate to Others in Group Situations? _____

How Well Does Your Child Make Friends? _____

Most of Your Child's Friends are: Older About the Same Age Younger

What Special Needs Does Your Child Have (behavioral, medical, emotional, dietary, etc.)? _____

Is this Your Child's First Time Away from Home for this Length of Time? Yes No

How Many Years Has Your Child Been a Camper? _____ **At Brethren Woods?** _____

Does Your Child Want to Come to Camp? Yes No **Why or Why Not?** _____

What is Your Child Looking Forward to the Most at Camp? _____

What is Your Child Looking Forward to the Least at Camp? _____

What is Your Child Hoping to Learn at Camp? _____

How Comfortable is Your Child in Outdoor Settings? _____

Does Your Child Swim? Yes No **How Well?** _____

Other Information that May Be Helpful to the Camp Staff and Your Child's Counselor (fears, bedwetting, concerns, life situations, etc.): _____

What are YOUR Hopes for Your Child's Camp Experience? _____

