



Bethany Sports Camp – REGISTRATION FORM

Name: _____ M/F _____ Email: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone Number: (____) _____

Age: _____ Birthday: _____ Grade (as of Fall 2010): _____

School: _____ Coach: _____

Experience in Sport: _____

Church: _____ Youth Pastor: _____

T-Shirt Size: (Adult Sizes): Please circle one: XS S M L XL XXL Grad Year: _____

Please send info to my friend: (list mailing address): _____

Roommate Request (1 only): _____

I am applying for:

_____ ATTACK– Volleyball or _____ ELITE – Volleyball: **July 5-9, 2010- \$300**

_____ ABOVE THE RIM – Basketball or _____ STRIKE - Soccer: **July 12-16, 2010- \$300**

Please make cheques payable to **Bethany College**. Enclose payment with registration form and mail to:

Bethany College
Box 160

Hepburn SK S0K 1Z0

Or fax completed forms using credit card payment to **(306) 947-4229**.

Early deadline is June 14, 2010. Later registrations will be charged \$325. Space is limited so apply early.

If registrants **are not** giving consent for BSC to quote, use name and pictures of the registrant in publicity materials indicate by initialing here: _____

(initial)

I, the undersigned hereby release Bethany College, its officers, employers, suppliers and affiliates from any and all claims, actions and liability which may arise, directly or indirectly, from participating in any or all aspects of Bethany Sports Camps, for any loss, injury, or damages to, or in respect to, any person or property however caused or arising.

As a participant of BSC the registrant is expected to conduct herself/himself in a manner conducive for Christian fun and spiritual growth. We reserve the right to correct and/or send your child home at your expense if the leadership deems the conduct warrants action.

Name of Parent/Guardian (print) : _____

Signature: _____

Payment: ___ \$50 Non-refundable Deposit Enclosed (balance on arrival)
___ \$300 Full Payment Enclosed if postmarked on or before June 14
___ \$325 Late fee if registration received after June 14
___ check if applying/eligible for family discount (\$25 deduction on each camp fee if registering more than one family member or if attending both camps)

Method: ___ Cheque ___ Visa ___ MasterCard

Cardholder Name: _____

Card #: _____ expiry date: _____

Signature: _____

Office Section:
Date Rec'd: _____
Amount Pd: _____
Finance: _____
Advancement: _____
BSC Director: _____



HEALTH REPORT – Please Print

Applicant's Full Name _____ Provincial Health Number _____

Name of Family Doctor _____ Clinic _____ Phone _____

Next of Kin (Parent, if applicant is under 18 years old) _____

Address _____ City/Town _____ Prov. _____

Postal Code _____ Phone (H) _____ (W) _____ (C) _____

HEALTH HISTORY

1. Do you suffer from any medical/emotional condition that in any way restricts normal activities including land and water sports? Y/N Asthma Y/N Diabetes Y/N Epilepsy Y/N Other If Yes, explain:

2. Are you subject to any of the following: Y/N Fainting Y/N Convulsions Y/N Seizures Y/N Other If Yes, explain:

3. Have you been treated by a health care professional for any medical/emotional condition in the past 12 months? Y/N, If Yes, explain:

4. Please list any allergic reactions and the severity of the reaction: Y/N Penicillin Y/N Peanuts Y/N Bee Stings Y/N Other If Yes, explain:

5. List any medications you are currently taking: Y/N Ritalin Y/N Puffers Y/N Other If Yes, explain:

6. Are you on a special diet? Y/N If Yes, explain:

Date of last physical examination ___/___/___ (mm/day/yr)

I declare this health history to be accurate to my knowledge. I hereby give permission to the doctor/nurse selected by the camp to provide me with medical treatment in case of an emergency.

Date _____ Signature _____
(Parent if under 18 years of age)