



Office Use Only      Paid \_\_\_\_\_      Owed \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM, SIGN, AND RETURN IT TO US WITH THE \$40 NON-REFUNDABLE REGISTRATION FEE**

Name \_\_\_\_\_ Age \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Address \_\_\_\_\_

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

Parent or Guardian \_\_\_\_\_

Camper plans to attend camp the week(s) of      **Day Camp Weeks**    June 7-11\_\_\_\_    June 14-18\_\_\_\_    June 21-25\_\_\_\_    June 28-July 2\_\_\_\_

(Please place a check on the line after the week(s) your child plans to attend camp)      July 5-9\_\_\_\_    July 12-16\_\_\_\_    July 19-23\_\_\_\_

**Overnight Weeks**    **Teen**    May 31-June 4\_\_\_\_    July 26-30\_\_\_\_

**Junior**    June 14-18\_\_\_\_    June 21-25\_\_\_\_    July 5-9\_\_\_\_    July 12-16\_\_\_\_

Camper's birth date \_\_\_\_\_

Grade completed \_\_\_\_\_ This will be camper's \_\_\_\_\_ year at camp

Phone numbers:      Home \_\_\_\_\_      Person \_\_\_\_\_

Business \_\_\_\_\_      Person \_\_\_\_\_

Cell \_\_\_\_\_      Person \_\_\_\_\_

Other \_\_\_\_\_      Person \_\_\_\_\_

Church attended \_\_\_\_\_

My child is allowed to go swimming:    Yes \_\_\_\_\_ No \_\_\_\_\_      Does your child know how to swim?    Yes \_\_\_\_\_ No \_\_\_\_\_

Person responsible for picking up camper on last day of camp \_\_\_\_\_

**HEALTH INFORMATION**

Each camper is covered by a limited accident insurance policy. This plan will supplement a camper's individual or family insurance policy. It is important that we have the following information in case of emergency.

Name of your Medical Insurance Carrier \_\_\_\_\_

Address \_\_\_\_\_

Subscriber # \_\_\_\_\_      Group # \_\_\_\_\_

Date of last tetanus/booster shot \_\_\_\_\_      Does child have allergies? \_\_\_\_\_ What? \_\_\_\_\_

Does child have Diabetes, Epilepsy, earaches, asthma, headaches, chronic stomach aches, bedwetting, or other?

If so, please describe \_\_\_\_\_

Is child on medication? \_\_\_\_\_ What? \_\_\_\_\_

**NOTE: All medication must be brought in original containers with original label and given to the camp nurse at registration.**

Is your child allowed to have Children's Tylenol, Benedryl or Pepto Bismol if needed?    Yes \_\_\_\_\_ No \_\_\_\_\_



**Tear off this page, fill out both sides and return to Bancroft Bible Camp to register.  
141 Bancroft Private Drive Kingsport, TN 37660**



## ★ ABOUT BANCROFT

★ Bancroft Bible Camp was established to give children and teens a time of spiritual, physical and social benefit. Our program offers sound Bible teaching, missionary challenges, safe cabins, nourishing food, team participation and adult supervision. Dedicated counselors are here to meet the needs of the campers.

★ It is the desire and aim of our staff to bring campers into a living relationship with Jesus Christ and to instill a love for the Word of God.

★ Bancroft Bible Camp is part of Bancroft Gospel Ministry an independent faith work which is non-denominational in fellowship. The Ministry is incorporated in the state of Tennessee as a non-profit organization, and licensed by the Tennessee Department of Health. Bancroft Bible Camp is a member of Christian Camping and Conference Association.

★ *Rules for acceptance in the camping program are the same for everyone without regard to race, color or national origin.*

★ **ALL MEDICATIONS** and vitamins **MUST BE SENT** in their original containers with labels. All medications and vitamins are to be given to the Camp Nurse at registration time and not taken to the cabins.

★ **PLEASE READ** all the information on this brochure before filling out the registration form. **NOTE: Both the parent AND the child must sign the registration form.** Mail to us as soon as possible so your space can be reserved.

★ **Cancellations:** Please notify us immediately so that a camper on the waiting list can be contacted

★ **Dismissals:** Bancroft reserves the right to dismiss any child that refuses to obey or is a threat to the safety of others.



## **PARENT MEDICAL AND LIABILITY RELEASE STATEMENT**

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the camp director, camp nurse or ministry director to hospitalize to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Bancroft Gospel Ministry through its accident policy will be used as a back up for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by Bancroft Gospel Ministry and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Bancroft Gospel Ministry, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject on this form.

I understand that Bancroft Gospel Ministry reserves the right to discipline or dismiss my child from camp with forfeiture of fees if he/she is non-cooperative or non-compliant.

I further agree to indemnify and hold Bancroft Gospel Ministry harmless against any and all costs, damages, and expenses which may be incurred by them as a result of any claim I may make, actions I take against the camp, or lawsuits I may file against them.

I give permission for my child's picture to be used in future camp publications or on the camp website.

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

Date \_\_\_\_\_

Signature of Camper (if **over** 18 years old) \_\_\_\_\_

Date \_\_\_\_\_

Signature of Camper (if **under** 18 years old) \_\_\_\_\_

Date \_\_\_\_\_