

Whispering Winds Bible Camp - Summer Camp Registration Form



Camper Name _____ Male _____ Female _____

Date of Birth _____ Age (at time of camp attendance) _____

Resident Camp Selection (\$325):

_____ Junior Resident 1 – June 17-22 _____ Teen Resident 1 – June 24-29
_____ Junior Resident 2 – July 8-13 _____ Teen Resident 2 – July 15-20
_____ Junior Resident 3 – July 22-27

Wilderness Camp Selection (\$325):

_____ Teen Wilderness 1 – June 17-22 _____ Junior Wilderness 1 – June 24-29
_____ Teen Wilderness 2 – July 8-13 _____ Junior Wilderness 2 – July 15-20
_____ Teen Wilderness 3 – July 22-27

Discounts:

_____ Full Ride Scholarship - \$325 _____ \$150 Scholarship _____ \$175 Scholarship
_____ Early Bird - \$25 (must register by May 15th, payment is not necessary in order to get the early bird discount)

Preorder a T-Shirt for \$15 – Select your size:

_____ Youth Small _____ Youth Medium _____ Youth Large
_____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult XL

_____ Adult 2X _____ Adult 3X (Adult 2X and Adult 3X are available for preorder but **MUST** be preordered **BY MAY 15th**)

Total Payment Due \$ _____

I will pay by:

_____ Mail (Mail to: BIM PO Box 9 St. James, MO 65559)
_____ Credit Card Online (via PayPal through bibleimpact.org)
_____ At Check-In (Recommended)

Note: Refunds may be issued under special circumstances only.

Parent/Guardian Name _____

Mailing Address _____

Phone # _____ Email _____

Emergency Contact & Relationship to Camper _____

Church (if any) _____ Pick Up Person (First & Last Name) _____

Is the camper current on:

Immunizations? _____ Yes _____ No

Tetanus? _____ Yes – Date: _____ _____ No

Insurance Information:

Provider _____

Policy Number _____ Policy Holder _____

Does the camper:

Sleepwalk? _____

Bed Wet? _____

Faint? _____

Does the camper have:

Epilepsy? _____

Diabetes? _____

Asthma? _____

Please list any:

Physical, Mental, or Psychological conditions requiring medication, treatment, or special requirements

Current Medications Taken (names, dosages, etc.)

Camper's Allergies and their reactions & treatments

WWBC kitchen uses a variety of known allergens (nuts, milk, eggs, wheat, etc.) that may come into contact with your food. Since allergens are present in the kitchen and cross contamination can easily occur, we cannot guarantee an allergen-free environment. On this registration please list any medically required dietary needs so that the kitchen can best determine how to accommodate for them. Any diets that are not medically required cannot be accommodated for. For further questions, please contact us a kitchen@bibleimpact.org.

Parent/Guardian Agreement:

I GIVE PERMISSION for Whispering Winds Bible Camp (WWBC) to secure medical treatment for the camper in case of illness or accident. **I GIVE PERMISSION** for my child to participate in all Summer Camp activities, both on and off camp property, either by walking or riding in camp vehicles, including (without limitation): hiking, backpacking, canoeing, kayaking, caving, water tubing, low ropes course, zip line, climbing wall and swimming. **I ACKNOWLEDGE AND ACCEPT** the risks involved in camping activities. **I ACCEPT** personal financial responsibility for any bodily injury sustained while my child is at WWBC. Furthermore, **I PROMISE** to hold harmless WWBC and its representatives for any injury related to Summer Camp. **I GIVE PERMISSION** for my child to attend Summer Camp and receive the Bible-based instruction provided. **I GIVE PERMISSION** to use pictures and video including the camper in organizational publicity.

Signature: _____

Date: _____

(Must have a parent's signature if under 18)