

**West Virginia Blackhills Camp**  
Free Methodist Churches



Teen Camp Registration Form

**Teens may arrive between 3:00 PM and  
5:00 PM on Sunday, June 13<sup>th</sup>**

*for sign-in and room assignment.*

*Camp opening is at 5:00 PM in the tabernacle.*

**All campers must be picked-up at 1pm, Thursday, June 17<sup>th</sup>**

*Please mail this form, along with payment, to:*

**Laura DeLeurere  
118 Foley Ave  
Bridgeport, WV 26330  
(304) 365-0420**

*Make checks payable to:  
"WV Blackhills Camp"*

*Camp cost per person:*

**To receive a \$10 discount please send a \$25 non-refundable payment by June 1<sup>st</sup>.**

(Each additional person from the same immediate family is \$70.)

**\$85.00 if registration is received after June 1<sup>st</sup>.**

(Each additional person from the same immediate family is \$80.)

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Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Grade (going into): \_\_\_\_\_ ("G" if just graduated) Gender: M / F

e-mail address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Please list your choice for a roommate (no guarantees): \_\_\_\_\_

Alternate choice (no guarantees): \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

This form must be completed and submitted in advance or during registration  
along with a required **CAMP MEDICAL FORM.**

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T-Shirts will be available for purchase during sign-in time.

The cost of the T-Shirt is **NOT** included in the camp registration fee.

Do not send the T-Shirt money now. Please let registration know if you would like to purchase a shirt, and they will be delivered one day during the week. Please circle the adult size you wish to

have made: S M L XL XXL

Approximate T-Shirt cost: \$7.00 - \$9.00

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**Please turn over for Medical Form.**

# Medical Form

## WV Free Methodist Blackhills Camps

### Camper Information

Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact (other than parent/guardian listed above)

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Insurance Information

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_

Policyholder: \_\_\_\_\_

### Medical Information

List any allergies \_\_\_\_\_

Present Medications \_\_\_\_\_  
(include dosage) \_\_\_\_\_

List any medical \_\_\_\_\_  
Problems \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_/\_\_\_/\_\_\_

### Release and Signatures

In case of emergency, the camp directors have my permission to treat or sign for medical/surgical treatment at a health care facility. (Every attempt will be made to notify parents/guardians.)

Authorization is given for camp staff to give my child Tylenol as needed for minor aches, pains, etc.

I have read the above and I give my consent for treatment of my child. I also further agree that the Blackhills Camp, Camp Association, the Free Methodist Church, nor camp staff will be held liable or responsible for any injury or incident involving my child.

Signed: \_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_

Witness: \_\_\_\_\_