

2024 BOILING SPRINGS CHRISTIAN SERVICE CAMP CAMPER REGISTRATION

Office Use Only

OCR _____

Phone _____

Name _____

Address _____ City _____ Zip _____

Telephone _____ Sex _____ Age _____ Grade entering Fall of 2024 _____

Church Name _____

Have you been immersed for the forgiveness of your sins? (Acts 2:38) YES NO

Have you attended BSCSC before? YES NO Are you interested in attending Bible College? YES NO

"I agree to follow the rules of camp as stated in the Camper's Code of Conduct."

(Signature of camper)

Please check the camp that you will be attending. (Based on the grade you will enter in the Fall of 2024)

Before May 8 After May 8

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Grades 1-2; June 1 st | \$45 | \$50 |
| <input type="checkbox"/> Grades 10-12; June 2 nd - June 7 th | \$200 | \$225 |
| <input type="checkbox"/> Grades 3-4; June 9 th - June 11 th | \$125 | \$150 |
| <input type="checkbox"/> Grades 5-6; June 11 th - June 14 th | \$150 | \$175 |
| <input type="checkbox"/> Grades 7-9; June 16 th - June 21 st | \$200 | \$225 |

Circle T-Shirt Size

YOUTH	Small	Medium	Large			
ADULT	Sm.	Med.	Lg.	XL	2XL	3XL

There is a \$5 charge for 2X and 3X payable when ordered.
Shirts ordered **after May 8** will not be filled.

I would like to add \$_____ with my registration fee to go towards the missions offering for **Stamp Out Starvation**

REGISTRATION DEADLINE: MAY 8th, 2024

To pre-register, return this registration form and consent to your church sponsor or pastor.

PARENTS OR GUARDIANS:

"I hereby give my permission for my camper to go swimming with the other campers." _____
(Signature of parent of guardian)

"I hereby give my permission for BSCSC to record my likeness and/or voice to be used in printed and online promotions or advertising." _____
(Signature of parent of guardian)

CONSENT TO TREAT MINOR

I (we), the undersigned parent(s) or legal guardian of (print name) _____, a minor, hereby authorize and consent to any first aid, medication, medical treatment or surgery for said minor, deemed necessary or advisable by any emergency unit, hospital, doctor, nurse, dentist, or other medical practitioner located in any state, country, or elsewhere. If possible, before treatment, I request a reasonable effort to contact me at the phone number(s) listed below. This consent shall be valid so long as said child is a minor and can be revoked only in writing and delivered personally or by certified mail to Boiling Springs Christian Service Camp, P.O. Box 884, Woodward, OK 73802. Any copy or facsimile of this consent shall be valid as an original.

Parent(s) or Legal Guardian signature _____ Date _____

Address of parent(s) or guardian(s) _____

Camper's Date of Birth _____ Date of last Tetanus Diphtheria Booster _____

Allergies to drugs, bugs, or foods _____

Any special medications or pertinent information _____

Telephone where parents may be reached in the event of an emergency _____

Name _____ Cell _____ Business _____

Name _____ Cell _____ Business _____

Family Physician _____ Telephone _____

Insurance Company _____ Policy # _____