

DAYSRING BIBLE CAMP – CAMPER REGISTRATION FORM

Personal Information

Camper Name: _____ Gender: _____
 Church: _____ Age: _____
 Address: _____ Date of Birth: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ Cell: (____) _____
 Email: _____

Select 2009 Camp Dates

Please mail completed form
and registration fee to:

Rise Renth
1910 Centerville Ave
Belleville, IL 62220

CHECK HERE	CAMP	DATE
	Early Bird	April 24-25
	Mother & Daughter	May 29-30
	Fredericktown Day Camp	June 29-July 3
	Junior Camp I	July 5 -11
	Senior Camp	July 12-18
	Arcadia Valley Day Camp	July 20-24
	Junior Camp II	July 26-Aug 1
	All Girls Camp	Aug 14-16
	Junior Last Weekend	Sept 11-13
	Senior Last Weekend	Sept 18-20

Medical Info

Allergies	Drug Sensitivities
Asthma	Bed Wetting
Daily Medication	Discipline Problems
Dietary Restrictions	Seizures
Other (Please Explain)	

Authorizations and Acknowledgements

(1) I give my permission for my child to attend the camp(s) checked on this form. (2) I authorize medical treatment in the case of an emergency. (3) I understand that my child's photograph may be taken and used for the publication purposed of Dayspring Bible Camp, unless otherwise specified. (If for some reason you do NOT want your child's picture taken or published, please let us know immediately at (573) 546-3731) (4) Registration and Sign-out: I understand that upon my arrival at camp, I must register my child. I must also designate the person who will be picking my child up at the end of camp. The designated person must have proof of who they are and must sign-out the camper before departure.

(Designated person who is responsible to pick camper up)

(Parent/Legal Guardian Signature) (Date)

(Campers' Signature/Agreement to abide by camp rules)

Emergency Phone Numbers:

Home: _____

Cell: _____

Other: _____

Other: _____

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