



Big Sandy

Camp & Retreat Center
 52511 185th Pl., McGregor, MN 55760
 PHONE: 218-426-3389
 Fax: 218-426-3394

Fishing Opener Retreat May 14-16, 2010

****Each camper must fill out their own registration****

First time BSC camper? Yes No Gender: Male Female Date of Birth: ___ / ___ / ___

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ Email: _____

City: _____ State: ___ Zip: _____ Phone: (____) _____ - _____

Pricing guide sheet

****Check one box****

Friday – Saturday May 14-15	Cost:	Friday – Sunday May 14-16	Cost:
<input type="checkbox"/> Adult	\$86	<input type="checkbox"/> Adult	\$110
<input type="checkbox"/> 15 & under	\$50	<input type="checkbox"/> 15 & under	\$60

Health Insurance Company: _____

Please attach a copy of the front and back of insurance card.

Group # : _____

Physician's Name: _____ Physician's Phone: (____) _____ - _____

In case of emergency notify: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Please do not list "call block" numbers.

HEALTH HISTORY

	YES	NO		YES	NO
Have had chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Skin problems	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Bed wetting	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Allergic to:	<input type="checkbox"/>	<input type="checkbox"/>
Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	Insect stings	<input type="checkbox"/>	<input type="checkbox"/>
epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	other	<input type="checkbox"/>	<input type="checkbox"/>

IMMUNIZATION RECORD

	YES	NO		YES	NO
Polio	<input type="checkbox"/>	<input type="checkbox"/>	Whooping cough	<input type="checkbox"/>	<input type="checkbox"/>
Small pox	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	rebellia	<input type="checkbox"/>	<input type="checkbox"/>

Date of last tetanus booster: _____

List any activity restrictions, dietary restrictions, eating disorders, health problems and/or medication (Rx or OTC). Please give a description of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp or during a trip.

If the health history identifies health problems or activity limitations, a physical examination must be performed by a licensed physician within one year before admission to camp or any off-site trips, including instructions relative to the limitation of the camper's participation in camp activities or medication requirements.

CONTRACT

I give permission to Big Sandy Camp to dispense medication (Rx and OTC medication) to manage illness and injury as directed by Big Sandy Camp medical protocol.

"In case of emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for person named above."

I understand that every effort will be made to protect and safeguard all campers. I understand a reasonable attempt will be made to contact the emergency contact concerning any serious illness or injury. I agree not to hold Big Sandy liable for any illness or mishap from any cause whatsoever.

I also give the camp full authority in dealing with problems of discipline. I understand that any camper disregarding camp rules is subject to being sent home with no refund of camp fees. I understand that any camper who willfully destroys property will be held responsible and charged accordingly.

I give Big Sandy permission to use comments, photos and video of the person named above in its promotional materials.

I agree to and authorize everything within this contract and registration form.

 Camper Signature (Parent if under 18)

 Date

Please enclose full camp fee

Check one if using credit card:

Additional \$5.00 enclosed for camp scholarship fund



Please charge \$ _____ to:

Card # _____ - _____ - _____

Expires _____ / _____



Cardholder's Signature _____

Office Use Only:

Date	Amount	Check/ Charge #