

2010 CAMPER REGISTRATION FORM

IOWA BIBLE CAMP 54th ANNUAL SUMMER CAMP

June 20-25, 2010

Please forward camp application to:

Steve Swanson

3301 Terrace Drive

Des Moines, Iowa 50312

or fax to 515-274-6075

Parents: please fill out this application and the medical history form. Be sure to sign this as no child will be admitted without this signature. Mail the application to the registrar listed above - no application fee required. If your child would like to share a cabin with a friend, list on the application one or more friends who are approximately the same age as your child.

Male/Female	Birthday	Age July 1	Grade this coming fall	Phone Number
Name				First time camper? Yes No
Address				
City		State	Zip Code	
E-mail Address				
Name of friend to share cabin			Friend's age July 1	
Name of friend to share cabin			Friend's age July 1	
First-time campers, please write the name of the friend who invited you for their \$50/friend discount.				

Mark camp fee you are eligible for:

\$245 Regular camp Fee

\$122.50 First-time camper Fee

\$235 Early Bird Registration (postmarked prior to **June 5th**)

\$255 LATE Registration (postmarked after **June 12th**)

\$280 Shalom Center Fee

\$135 Counselor in Cabin Fee (College students: contact Stefan Johnson for camp scholarship opportunities.)

(Camp fee payment with application is appreciated. Make checks payable to Iowa Bible Camp)

Counselors be sure to fill out the separate counselor application form that can be down loaded From this web site: www.iowabiblecamp.org

Medical History

Name of Camper

1. Date of last tetanus shot	6. List any heart disorders:
2. Purpose of any surgeries in the last year	7. List any allergies:
3. Check if the camper has ever had <input type="checkbox"/> hernia <input type="checkbox"/> scarlet fever <input type="checkbox"/> tuberculosis <input type="checkbox"/> rheumatic fever <input type="checkbox"/> kidney disorders <input type="checkbox"/> poison ivy <input type="checkbox"/> nervousness <input type="checkbox"/> poison oak <input type="checkbox"/> convulsions <input type="checkbox"/> poison sumac <input type="checkbox"/> fainting spells	8. List present injuries:
	9. Restrictions on water activities:
	10. Other activities restriction:
	11. General health <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor
4. Does camper have athletes foot? <input type="checkbox"/> yes <input type="checkbox"/> no	12. Date of last doctor's exam Comments:
5. Does camper wet the bed? <input type="checkbox"/> yes <input type="checkbox"/> no	13. Parent comments:

I certify I have read and filled out the above questions and my answers are correct to the best of my knowledge. In consideration of the benefits derived from the Iowa Bible Camp, I hereby give my permission for the above named child to attend the Camp and voluntarily waive any claim against its sponsor, director, and officials for any and all causes that may arise from the activities of the Camp. In the case of surgical or medical emergency, I hereby give permission to the physician selected by the Camp Director or designate to hospitalize, to secure proper treatment for , and to order injections, anesthesia, or surgery for the child named above.

Signed: _____ Date: _____

Address _____ Phone _____

Emergency contact: _____ Phone _____

Camp Location:

Twin Lakes Christian Center
2524 West Twin Lakes Rd
Manson, Iowa

Speakers:

Junior Camp: Arthur Manning (ages 9-12)

Senior Camp: Jon Glock (ages 13-high school graduate (2005))

Start: June 20 - Sunday Afternoon (supper provided) Registration begins at 3:30 pm

End: June 25 - FRIDAY afternoon at 2:00 PM

Bonus Bring A Friend Program:

Bring a first time camper to Iowa Bible Camp and receive **\$50 discount per new camper.**