

# Winter Camp Registration

Send registration and non-refundable \$35 deposit (applies to total cost) to:



**Alpine Bible Camp**

**161 College Drive, Mount Hope, WV 25880.**

\_\_\_\_\_  
Name Sex: M or F

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
Birth Date

Age

Grade

E-mail

Camper

Sponsor

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Name of Church Group (if applicable)

\_\_\_\_\_  
Request One Roommate (roommate must also request you)

Choose One:  Skiing  Snowboarding  Tubing

\_\_\_\_\_  
List medications taken regularly, allergies, dietary needs, or other pre-existing medical concerns (attach separate page if needed)

\_\_\_\_\_  
Camper's Insurance Co. & policy # (required)

\_\_\_\_\_  
Name of Policy Holder

\_\_\_\_\_  
Year of last Tetanus shot

In signing this application I hereby certify that the person named on this form is in good health and may participate in the activities of Alpine Bible Camp. (Exceptions are listed on attached sheet). In case of medical emergency, I authorize Alpine officials to secure medical treatment that includes injection, anesthesia, surgery or dental treatment for the camper named on this form. I agree the camper will abide by Alpine rules of conduct and use of camp property and will participate fully in the camp program. If Alpine officials deem it necessary for him/her to return home because of illness or any other reason, I will abide by the Camp's decision and make arrangements to bring him/her home. I give permission to use media including the camper for publicity.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

***Notarizing this form will speed  
emergency medical service***