



www.goodshepherdbiblecamp.com

Good Shepherd Bible Camp 2024

CAMPER Registration

Sunday, July 7 (register 2 PM-6 PM) to Saturday, July 13 (pickup 11 AM)

CAMPER PERSONAL INFORMATION

Camper's Name _____ FEMALE _____ MALE _____
Address _____ Date of Birth _____
City _____ State _____ Zip _____
Home Phone _____ School Grade in September 2023 _____
"Bunking Buddy" _____
(Please note that NO Cabin changes are possible during camp registration)

What size "T" Shirt do you wear? (Adult Sizes) Select One:

Camper's WELS/ELS Home congregation: _____

City _____ State _____ Pastor's Signature _____

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
E Mail _____ Cell Phone _____

I the undersigned parent/legal guardian do hereby authorize the above named camper to attend Good Shepherd Bible Camp (GSBC) during the dates listed above. In addition I authorize GSBC to use any pictures that may be taken of my child during the week to be used in future GSBC marketing materials and websites.

Parent/Legal Guardian Signature _____

Senior Campers – 9th and 10th Graders

Please select your Senior activity:

"A" Group
Overnight Hiker

"B" Group
Not going on full Overnight Hike

Parent/Legal Guardian Signature _____

Make your check payable to Good Shepherd Bible Camp or simply "GSBC".

Please return, a) this form, b) a photo copy of your insurance card, and c) your Camp Fee by June 30th to:

Pastor E. Hansen, 5939 Magnolia Ave – Riverside, CA 92506

<i>Staff Use Only</i>	P	I	C	<i>Staff Use Only</i>
Description	Fees	Paid	Check #1- Split?	Check #2- Split?
2024 Camp Fees - Each Camper	\$330		Check. #	Check. #
Seniors ONLY -- Hike Group A or B activity	\$20		Dep. #	Dep. #
Late Registration Fee – after June 30th	\$30		Check \$	Check \$

Treasurer Notes:

Total>

Camper Medical Information for (name) _____

Name of Health Insurance Policy Holder (provided through Parent/Legal Guardian) _____

Health Insurance Company _____

Address _____ City _____ State _____ Zip _____

Group or Policy Number _____

Please attach a copy of both front and back of your health insurance card!

Family Doctor _____ Doctor's Office Phone Number _____

Date of last Tetanus Vaccination _____

List Current Medications:

(Prescription or over-the-counter drugs)

Check-in
Verified?

Any food, insect bites or other allergic reactions:

1) _____	✓	_____
2) _____	✓	_____
3) _____	✓	_____
4) _____	✓	_____
5) _____	✓	_____

***ALL medicines will be checked with the camp nurse at registration/check-in time on Sunday.
You MUST bring the actual prescription for the medicines. The nurses must see the doctor's orders.***

If, in the opinion of the camp infirmary staff, should there arise the need for medical attention for _____, a minor, I the undersigned parent/guardian do hereby authorize either Big Bear or Redlands Community Hospital, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and general or special supervision of any physician and surgeon licensed under the provisions of the medical practice act on the medical staff on any hospital, whether such diagnosis or treatment is rendered at the physician office or at said hospital.

I understand that this authorization is given in advance of any specific diagnoses, treatment, or hospital care being required, but is given to provide authority or power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which a physician, meeting the requirements of this authorization may, in the exercise of his/her judgment, deem advisable. This authorization is given pursuant to the provisions of section 25.8 of the civil code of California.

I hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of section 25.8 of the civil code of California, to surrender physical custody of such minor to my above-named agent upon completion of treatment. This authorization is given pursuant to section 1283 of the health and safety code of California.

This authorization shall remain in effect from Sunday, July 7, 2024 to midnight Saturday, July 13, 2024, unless sooner revoked in writing and delivered to said agent. You may release the above minor to the person having physical custody at the time of treatment.

Parent/Legal Guardian Signature _____ **Date** _____