



# WINTERBLAST 2011

Ages 7-14

- Session One—January 21-23**  
 **Session Two—February 18-20**  
**(Transportation available from Chicago)**

Camper's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (H) \_\_\_\_\_  
 Parent's name: \_\_\_\_\_  
 Legal Guardian Name \_\_\_\_\_  
 (W) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Circle one: Male / Female  
 Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

## ALL CAMPERS ARE RECEIVING A \$40 SCHOLARSHIP THIS YEAR!!!

The actual cost for a camper at Winter Blast is \$80.00. However, this year our generous donors are making it possible for us to give ALL campers a \$40 scholarship. The total cost for Winter Blast this year is \$80 but your cost is **ONLY \$40 per camper\*\*** (\$30 for each additional family member). Transportation is available from Chicago (session #2 only) for an additional cost of \$30 per camper.

Please send  
**REGISTRATION FORM AND \$40 BALANCE**  
 to:  
 Camp Beechpoint Registrar  
 3212 -125<sup>th</sup> Avenue  
 Allegan, MI 49010  
 1-800-991-CAMP  
[www.beechpoint.com](http://www.beechpoint.com)



\*\*If you are currently facing financial hardship please contact the office to inquire about assistance.

### OFFICE USE ONLY

Amount recvd \_\_\_\_\_  
 Ck/MO/Cash \_\_\_\_\_  
 Date received \_\_\_\_\_

## BEECHPOINT HEALTH FORM

Physician Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Policy/Group# \_\_\_\_\_  
 Are immunizations current? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Date of last Tetanus shot \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Special health considerations/disabilities: \_\_\_\_\_  
 \_\_\_\_\_  
 Current infectious diseases: \_\_\_\_\_  
 \_\_\_\_\_  
 Past Medical Treatments: \_\_\_\_\_  
 Disabilities: \_\_\_\_\_

### **MEDICATIONS: (MUST be in original container)**

<u>Medication</u>	<u>Dosage</u>	<u>Times</u>

Are there any health or behavioral problems Camp Beechpoint should be aware of? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This health history is correct, to the best of my knowledge, and the person herein has my permission to engage in all camp activities, except as noted by our attending physician and myself. I give my permission to the physician selected by the Director of Camp Beechpoint to hospitalize, secure proper treatment for injections, anesthesia, or surgery for the child named above. Parents will be notified upon such need. I also give permission to the Beechpoint Health Officer to give routine, non-surgical treatment and do a lice check upon arrival at camp or bus stop. I give my permission to Camp Beechpoint to use quotes & images taken of my child while at camp.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_