



# Winter Blast 2012

New Age Requirements: Campers ages 9-14 welcome!

OFFICE USE ONLY	
Date Received	_____
Check Number	_____
Deposit	_____
Balance Due	_____

## Registration and Payment:

**Winter Blast Fee:** \$80 - \$35 = **\$45 TOTAL**

- \$35 Scholarship per camper
- \$20 Required Non-Refundable Deposit** must accompany this registration form.
- \$25 Remaining Balance Due** may be paid in full with this registration form or when dropping camper off at the beginning of Winter Blast.

**Total Amount Enclosed:** \$ \_\_\_\_\_

- Select a Session:**  #1 - January 27-29  
 #2 - February 10-12

*\* Bus from Chicago available both weekends.*

**Contact Us:** (800) 991-2267  
 Email: beechpoint@beechpoint.com  
 Website: www.beechpoint.com  
 Fax: (269) 673-6775

## Camper and Contact Information:

Camper's Name: \_\_\_\_\_  
 Gender:  Male  Female Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at time of camp \_\_\_\_\_  
 Camper's Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \*Please print email clearly - we will use this email to send confirmation of registration, payment, and further Winter Blast information.  
 Parent Email Address \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
 Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Home # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Beechpoint Health Form:

Immunizations are Current (Diphtheria, Measles, Polio, Rubella, Whooping Cough, Small Pox):  Yes  No  
 Tetanus Booster Date: \_\_\_\_\_ Asthma:  Yes  No Bed Wetting:  Yes  No  
 Allergies:  No  \_\_\_\_\_  
 Special Health Considerations:  No  \_\_\_\_\_  
 Current Infectious Diseases:  No  \_\_\_\_\_  
 Past Medical Treatments:  No  \_\_\_\_\_  
 Emotional/Behavioral Problems:  No  \_\_\_\_\_  
 Medications: (**MUST** be in original container)  

Medication	Dosage	Times
_____	_____	_____
_____	_____	_____
_____	_____	_____

 Physician's Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

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, and 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 for quotes & images to be taken of my child while at camp.

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

**Mail your completed registration form and \$20 deposit to:**  
 Camp Beechpoint Registrar - 3212 125th Ave - Allegan, MI 49010

