

BEREAN BAPTIST CHURCH
1191 W. County Line Rd.
Greenwood, IN 46142
317-888-4003



Camp Berean Date July 14-18, 2025

CAMPER REGISTRATION 2025

Please fill this form out completely, one for each child. Any false statements or information could prevent your child from attending camp. After completing this form, return it to the above address. A donation of \$25.00 can be paid ahead of time or on the day your child comes to camp.

Name of Camper _____ Male/Female _____

Address _____ City _____ State _____ Zip _____

Age _____ Birth Date _____ Height _____ Weight _____

Last Grade Completed _____

Church Home _____

Name of Parent or Guardian _____

Home/Cell Phone # _____ Work # _____

In case of emergency, if parent or guardian cannot be reached, please contact:

Name of close Relative/Neighbor	Phone#	Address
---------------------------------	--------	---------

THE FOLLOWING MEDICAL RELEASE MUST BE FILLED OUT AND SIGNED

For and in consideration of the care and keeping of the above named minor at Berean Baptist Church and Camp Moneto, the undersigned parent, guardian, or custodian of said child does hereby release Berean Baptist Church and Camp Moneto from any and all liability for injury and damage in any manner whatsoever to the minor herein named which may be claimed or demanded by reason of any sickness, distress, casualty, injury, or treatment to said Camp Moneto, or officers, directors and/or agents thereof.

I further entrust said child to your care and consent to the care and treatment by any duly qualified practicing physician in the event the child becomes ill or is injured to a degree that such treatment seems advisable while said child is at camp and I am not immediately available.

I also understand that occasionally photographs may be taken of the camp, and that said photographs are sometimes used in the promotion and fundraising efforts of Camp Berean and I hereby give permission for you to use my child's photograph for any such promotion or in any other way.

Signature _____ Date _____
Parent _____ Guardian _____ Custodian _____

VERY IMPORTANT: Please fill out ALL information and return form to Berean Baptist Church.

Doctor's Name _____ Phone # _____

Hospitalization Policy _____ Medicaid # _____

Date of Child's Last Tetanus Shot? _____ Does this child wet the bed? _____

Please list any medical information (allergies, medication and dosage instructions, etc.) we Should know about, or any comments:
