



# BLAST CAMP

\*SERVE\*

## JULY 19-23, 2010

Central District Children's Camp **JUNIOR** Registration Form  
for students who have **COMPLETED 3<sup>rd</sup> and 4<sup>th</sup> grade** by camp time

Please give this form to your LOCAL CHURCH REGISTRAR. Make your check payable to your local Missionary Church. Your church will write one check to cover all campers from your church.

**PLEASE PRINT**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Church \_\_\_\_\_ Grade completed 3<sup>rd</sup> 4<sup>th</sup> (circle one)  
I would like to room with \_\_\_\_\_

**Medical Information (to be completed by parent/guardian)**

List all medications (prescription & non-prescription) camper will bring to camp and their purpose. It is NOT necessary to send analgesics like Tylenol or Motrin. We have these products at camp.

\_\_\_\_\_  
\_\_\_\_\_

Please CHECK items applicable to camper...

Allergic Reactions:

\_\_\_\_ Bee Sting \_\_\_\_\_ Foods, please specify \_\_\_\_\_  
\_\_\_\_ Penicillin \_\_\_\_\_  
\_\_\_\_ Tetanus Shot \_\_\_\_\_ Other, please specify \_\_\_\_\_  
\_\_\_\_ Poison Ivy/Oak \_\_\_\_\_  
Date of last TETANUS SHOT \_\_\_\_\_

Physical Conditions:

\_\_\_\_ Sleepwalking \_\_\_\_\_  
\_\_\_\_ Bed Wetting \_\_\_\_\_  
Doctor's Name \_\_\_\_\_  
Phone Number \_\_\_\_\_

Please list any other physical conditions/learning disabilities that should be brought to our attention:

\_\_\_\_\_  
\_\_\_\_\_

★ PLEASE notify us (Central District Office @ 260.432.8868) if this child has been exposed to any communicable disease during the three weeks prior to camp attendance!

See page 2 ----->

**IN CASE OF MEDICAL EMERGENCY**, in the event I cannot be reached at the home or work number given, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery of my child named on this registration. I also give permission to have videotape or photographs taken of my son/daughter to be used for promotional purposes.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

<p><b><u>Zone Time (mini-camps):</u></b></p> <p>Choose your favorite Zone Time block and put a <b>#1</b> in the box next to its activities list. Choose your second favorite Zone Time block and put a <b>#2</b> next to it. <b>You will be assigned to participate in <u>ONE</u> Zone Time block during your week at BLAST.</b></p>	<p style="text-align: right;"><b><u>Sports Zone</u></b></p> <p><b>Activities like...</b></p> <ul style="list-style-type: none"> <li>⊙ Whiffleball</li> <li>⊙ Basketball</li> <li>⊙ Kickball</li> <li>⊙ Wilderness</li> <li>⊙ Floor Hockey</li> <li>⊙ Flag Football</li> </ul> <div style="border: 1px solid black; width: 100px; height: 100px; margin-left: auto; margin-right: auto;"></div>
<p style="text-align: right;"><b><u>Fun Zone</u></b></p> <p><b>Activities like...</b></p> <ul style="list-style-type: none"> <li>⊙ Craft Time</li> <li>⊙ Group Games</li> <li>⊙ Wilderness</li> </ul> <div style="border: 1px solid black; width: 100px; height: 100px; margin-left: auto; margin-right: auto;"></div>	<p style="text-align: right;"><b><u>Wilderness Zone, \$10 additional fee</u></b></p> <p><b>Activities like...</b></p> <ul style="list-style-type: none"> <li>⊙ Boating</li> <li>⊙ Hiking</li> <li>⊙ Archery</li> <li>⊙ Wilderness</li> <li>⊙ GeoCaching</li> </ul> <div style="border: 1px solid black; width: 100px; height: 100px; margin-left: auto; margin-right: auto;"></div>

★ **T-SHIRT** with BLAST “SERVE” Logo (included in registration fee)

Please specify size:

\_\_\_\_\_ Medium Child (10-12)

\_\_\_\_\_ Small Adult

\_\_\_\_\_ Large Adult

\_\_\_\_\_ Large Child (14-16)

\_\_\_\_\_ Medium Adult

\_\_\_\_\_ X-Large Adult

★ **PAYMENT PLAN** (All plans include \$35 non-refundable, non-transferable deposit.)

\_\_\_\_\_ Plan A      Payment in full of \$210 by \_\_\_\_\_.

\_\_\_\_\_ Plan B      Deposit Payment of \$35 by \_\_\_\_\_.  
                          Remaining payment of \$180 due by \_\_\_\_\_.

\_\_\_\_\_ Plan C      Late Registration of \$220 paid after June 7<sup>th</sup>

\_\_\_\_\_ Wil Zone      Wilderness Zone Fee of \$10 added to registration