

HEALTH HISTORY:

Mark an "X" for past conditions. Mark a "C" for current conditions:

- | | |
|--|---|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Sinus Trouble |
| <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Homesickness | <input type="checkbox"/> Bleeding disorders |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Diabetes |

Date of last Tetanus Booster: _____

Wears Contact Lenses: *circle* Yes or NO

Allergies: (circle all that apply)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin |

Other: _____

Diseases/Vaccinations:

D=had the disease, V= vaccinated. List dates.

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> German Measles | |
| other: _____ | |

Please describe any other conditions which may affect your child's participation at camp:

MEDICATION: If your child will receive any medication while at camp, you will be asked to complete a written instruction sheet and leave all medications with the camp office.

Do you grant permission to give Tylenol to the camper named above? Yes No

PERMISSION/MEDICAL & LEGAL RELEASE:

We, the parents or guardians of the child named give permission for that child to participate fully in this retreat. We also authorize any medical care needed should such a situation arise. We agree to pay for any needed care. In no way will we hold Park River Bible Camp, Board Members, or any staff member liable.

Signature of parent/Guardian Date

Please list any emergency contact information including phone #'s

Park River Bible Camp
106 Solid Rock Circle
Park River, ND 58270
701-284-6795 or 800-269-2465

Turned to



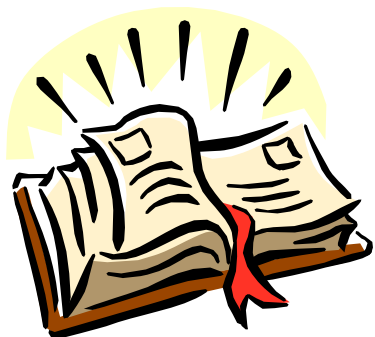
Jesus!



**1-3 Grade
Retreat
Saturday,
September 27, 2008
10:00 am-7:00 pm**

**Park River
Bible Camp**

Hello Children! We have wonderful news! We are going to have an awesome day at Bible Camp just for you! On Saturday, September 27th, you are invited to come and play and sing and make crafts and eat snacks and watch puppet shows and learn Bible stories and adventures with us. Jesus loves you very much and we would love to see you soon!



When: Saturday, September 27th 2008

Check-in Time: 9:30-10:00 am

Closing Rally: 6:30 pm (parents, join us if you can!)

Depart: 7:00 pm

Who: 1-3 graders

Where: Park River Bible Camp, one mile north of Hwy 17 on Hwy 32.

Cost: \$20 if registered by September 19th and \$25 after that

Questions: Call us (701) 284-6795 or (800) 269-2465

To Register: Complete & mail the enclosed registration form to 106 Solid Rock Circle; Park River, ND 58270. Please include a \$5.00 nonrefundable deposit which

What to Bring: You will need your Bible, money for canteen, clothes for indoors and outdoors, and excitement to learn more about God's word!!!

Dear Children,
Did you know that you are very special to Jesus? He knew your name before you were born. He made you, and you are His. Sadly there are many people who do not know these things. At Bible Camp we are going to learn about a time when God's people forgot about Him and turned away to worship idols. More importantly, we are going to see what God did to turn His people back to Himself and to forgive them so that they could be His people again. You are God's special child, and we hope you never forget that.

Name: _____ Phone: _____ Email: _____
Address: _____ City/State/Zip: _____ Gender: M or F
Age: _____ Birth date: / / _____ Grade: _____
Cabin mate request: _____
Who will be picking up this camper in the evening? _____
Parent/Guardian
Name: _____ Phone: _____
Address: (if different) _____ City/State/Zip: _____
Church name & city: _____
List any amount your church will pay for your registration: _____
IMPORTANT: You must complete both sides of [this registration form.](#)