

Biblical Theme:

Nehemiah: God's Redemptive Remembrance of His Covenant

"Remember the word that you commanded your servant Moses, saying, 'If you are unfaithful, I will scatter you among the peoples, but if you return to me and keep my commandments and do them, though your outcasts are in the uttermost parts of heaven, from there I will gather them and bring them to the place that I have chosen, to make my name dwell there.'"

Nehemiah 1:8-9

We will have a great time at camp hanging out with friends and making new ones. We will play games, make crafts, sing songs, and have fun Bible studies.

Cost: \$40 before April 1st, \$45 after.

Program: April 9th @ 2:30 pm in the Fireside Room

To Register: Mail the attached registration form with \$10 nonrefundable deposit to:

Park River Bible Camp
106 Solid Rock Circle
Park River ND 58270

PARK RIVER
- BIBLE - CAMP -

106 Solid Rock Circle
Park River, ND 58270
(701) 284-6795 or (800) 269-2465
goprbc@polarcomm.com
www.parkriverbiblecamp.org

4-6th Grade Spring Celebration Retreat

PARK RIVER
- BIBLE - CAMP -

April 8th @ 7:00 pm
until April 9th 3:00 pm



Register Now

Health History

Health History

Mark "X" for past conditions and "C" for current conditions:

Appendicitis Asthma
 Bedwetting Bleeding disorders
 Diabetes Ear Trouble
 Fainting Spells Heart trouble
 Hernia Homesickness
 Nervousness Rheumatic Fever
 Seizures Sinus Trouble

Tetanus Booster: ____/____/____.

Does the camper wear **contact lenses**?
Yes or **NO**

Allergies (circle): Hay Fever Insect
Stings Aspirin Penicillin
Peanut/Tree nut Dairy Gluten

Other:



4th-6th Grade Spring Celebration Registration Information

Name: _____ Age: ____ Birthday: ____/____/____ Grade: ____ Gender: **M** or **F**

Address: _____ Phone: (____) _____

City: _____ State: ____ Zip: _____ Email: _____

Cabin mate request(s): _____

Who is authorized to pick up this camper? _____

Parent/guardian name: _____ Phone: (____) _____

Address (if different): _____

Church name & city: _____

Any campership amount provided by the church: \$ _____

Required church signature: _____

Please describe any other conditions which may affect your child's participation at camp (attach sheet if necessary):

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** or **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. We also consent to the use of photos or video of the named child for promotional purposes.

Signature of Parent/Guardian

Date

Please list emergency contact information (names and phone #'s)

