

Registration Form (Use one Registration Form per child)

Registration Fee: \$50.00. Fee must accompany registration and is non-refundable. Our insurance coverage is an "In Excess Plan," which means that all claims must be submitted to the payer's insurance carrier first, then the unpaid balance is paid by Camp BaYouCa's carrier.

Send registration to:

Camp BaYouCa
100 Camp Spaulding Road
Smithville Flats, NY 13841
 (New Address)

Pets - we love them, too, but please don't bring them to registration and pick up with you!

SUMMER CAMP PRICE LIST

	Reg. Fee:	Due on Arrival:	Total Fee:
Precious Jewels	\$50.00	\$390.00	\$440.00
Children's Camp received by June 1st	\$50.00	\$269.00	\$319.00
Children's Camp received after June 1st	\$50.00	\$295.00	\$345.00

Note: All returned checks \$30.00 charge

FAMILY DISCOUNT

This discount is intended to help families with more than one camp age child.

1st child = Full Fee 3rd child = \$40 discount
 2nd child = \$25 discount 4th child = \$50 discount

SCHOLARSHIP

We raise money every year to help campers who may not be able to attend camp due to finances. Please contact us for more information and an application by June 8th.

Check the Week of your Registration - NEW DATES

Senior High Week Short Stay Jr. 1 Short Stay Jr. 2
 June 24 - 29 July 8 - 11 July 22 - 25

Junior High Week Middle School Week Junior Week 1 Junior Week 2
 July 15 - 20 July 29 - Aug. 3 July 8 - 13 July 22 - 27
 Kids' Camp is by grade just completed

PART ONE: Camper Information (One camper per form)

Camper Name: _____ Age: _____ Sex: M / F

Birthdate: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____

Parent/Guardian: _____

Home # (____) _____ Cell # (____) _____ Work # (____) _____

E-mail: _____

Friend who referred me _____

I give BaYouCa permission to text me information for upcoming events.

IN CASE OF EMERGENCY AND NEITHER PARENT/GUARDIAN CAN BE REACHED, PLEASE CONTACT:

Name: _____

Relation to Camper: _____

Day Phone: (____) _____ Evening Phone: (____) _____

PART TWO: Church Information (Optional)

Church Name: _____

Church Address: _____

Pastor's Name: _____

Pastor's Email Address _____

OFFICE USE ONLY: Pre-Reg \$ _____ Balance Due: _____ Postmarked: _____

CCR _____ PCR _____ CC _____ PC _____ DDS _____ MO _____ Health Form _____

Cabin # _____ Spending \$ _____ Painthall \$ _____

Health Form

This health form must be completed fully to the best of your knowledge in order to be fully registered for camp.

PART THREE: Immunization Records

Please complete this section or attach an up to date Immunization Record.

Please fill in month and year of your camper's immunizations.

MMR ____/____/____ DPT ____/____/____

Hib ____/____/____ Hep B ____/____/____

VZV ____/____/____ (camper had chicken pox. date ____/____)

OPV/IPV ____/____/____

PART FOUR: Health History & Medications

New Medications Procedures: All medications (both prescription and over the counter) that the camper may need while at camp must be listed and have a recent signature of the campers doctor before the camper can attend camp. All medications must come in the original bottle/package which clearly identifies the patients name, prescribing physicians name (if prescription), name of medication, dosage and frequency of use. See your own doctor or our website (www.bayouca.com) for a Medication Authorization Form.

Allergies: ____ seasonal ____ bee stings ____ nuts Camper has epi-pen? Y / N

____ medication, please specify _____

____ Please list all food allergies & preferences _____

Please use the space below to list any childhood diseases, medical conditions, serious illnesses, injuries, hospitalizations, or surgeries: _____

Is this the first time away from home? _____

Please note all special restrictions, behaviors, activities to be avoided, or considerations the medical staff should be aware of: _____

PART FIVE: Doctors Information

Family Doctor _____

Address _____

Phone(____) _____

PART SIX: Authorization

Your child cannot be admitted to camp without all information completed in full and signed.

May we give/help apply bug repellent and sun screen to your camper, as needed? YES NO

Your child will not be admitted to camp without all information completed in full and signed. (Precious Jewels: We are required to have a photocopy of the camper's recent physical on file in order for them to attend camp.) This health history is correct and complete to the best of my knowledge, and the person herein described has my permission to engage in all camp activities, except as noted. In case of medical emergency, I give consent for emergency medical treatment for my child named above by authorized medical personnel. I certify that the above child has permission to attend camp, and that images of my child may be displayed on our camp website and/or in camp videos for the promotion of Camp BaYouCa.

Signed: _____ Date: _____

OPTIONAL: Credit Card Payment Form

Credit Card Type: Master Card Visa Discover

Credit Card #: - -

CVC Code: Expiration Date: -

Card Holder Name: _____ M M Y Y Total Amount to be Charged to Card: \$ _____
\$50 dollar minimum!

Signature of Cardholder: _____

I authorize Camp BaYouCa to Charge my Credit Card for the amount stated above

If you are paying by credit card for more than one camper please only fill out one payment form.