

2024 SUMMER REGISTRATION FORM

*Asterisks indicate required answers. You must fill out all required answers for your registration to be processed.

CAMPER QUESTIONS

*First name _____ *Last name _____ *Gender Male Female

*Date of birth _____ *Grade _____ *Home Phone number _____

As of the 2024-2025 school year

School _____ *Address _____

Street/PO Box

Home church _____

City

State

Zip code

Roommate Request Policy

We try to accommodate as many roommate requests as possible. We can only put two campers who know each other in the same cabin. However, we can only do this when both campers are the same grade or one grade apart and when both campers request each other on the registration form. Sorry, but we are limited to one request per camper and we are unable to process requests at check-in.

Roommate request (only one) _____

First and last name of one person either same grade or one year apart

MEDICAL FORM

Health or behavioral conditions _____

Dietary restrictions or food allergies (Please include the severity of the allergy/restriction) _____

Special Diets: If you indicate that your camper has dietary needs, we will contact you before their week of camp to let you know how we handle their specific situation. Please note, we are a nut free camp, so we ask that substitutions not include nuts.

Other allergies _____

Medications taken regularly _____

Important note: Please bring medications in their original containers!

*Date of last tetanus shot _____

Write "none" if not immunized

*Insurance Company _____

*Doctor's name _____

*Policy number _____

*Doctor's number _____

Emergency contact phone _____

PARENT/GUARDIAN QUESTIONS

*First name _____ *Last name _____ *Gender Male Female

*Date of birth _____ Phone number _____ *Email address _____

Address Check if same as camper address

Street/PO Box

City

State

Zip code

AGREEMENTS

Parent Agreement

I have read PBC's Camper Dress Policy, and I agree to support Pioneer Bible Camp in their dress and conduct regulations for my child while at camp. In the case of medical emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physicians elected by the Camp Nurse or Director to hospitalize or secure proper medical treatment for my child. I understand that camp insurance is for minor injuries up to \$3500 and that my personal insurance is the primary coverage. While every effort is made for safety, I recognize that there are risks connected with some activities, including but not limited to swimming, archery pellet rifles, airsoft, etc. I therefore agree to assume, as an explicit condition of my child's participation, in and all risks, including but not limited to those listed above. I agree to hold harmless Pioneer Bible Camp and its staff from any and all liability, claims, demands and causes of action whatsoever which may arise due to the participation of my child. I also give permission for my child to be included in any photos, recorded images, or any other transmission or reproduction for the purpose of camp publicity. *If you would like to request an exemption, please email us at pbcutah@gmail.com.*

Camper Dress Policy

- No short shorts -we ask that all shorts come to the camper's fingertips when standing
- No short or low tops
- No tank tops or spaghetti straps
- No tight-fitting clothing (including leggings)
- No clothes with offensive advertising or wording
- One-piece swimsuits (or equivalent) for girls with solid cover-up for transportation to lake

Pioneer Bible Camp staff reserve the right to ask a camper to change if they feel his/her clothing is inappropriate.

Airsoft Agreement

Airsoft is only available for campers who attend Junior High or Teen Weeks. Sign up and payment are required to play.
 The undersigned gives permission for his/her child to play airsoft. The undersigned releases and discharges Pioneer Bible Camp from any and all actions, claims and demands for damages, costs, loss or injury including negligence of Pioneer Bible Camp. The undersigned desires and agrees to assume any and all risks and liability.

*Parent Signature _____ *Date signed _____
 By signing, I am consenting to the above agreements. A parent/guardian signature is required unless participant is 18+. Then they may sign.

Camper Agreement

As a camper at Pioneer Bible Camp, I will follow the dress policy, obey the rules of the camp and show respect to all staff and counselors. I also understand that if I fail to do this I may be asked to leave camp before the week is over.

*Camper Signature _____ *Date signed _____

PAYMENT

*Select Price of Camp

- Teen Camp:** teens 13-18 years old
 Early Bird: \$194 \$209 (after May 1st)
- Junior High:** campers going into 7-9th grade
 Early Bird: \$194 \$209 (after May 1st)
- Young Adventurers:** campers going into 3-6th grade
 Early Bird: \$179 \$194 (after May 1st)

*Select Date

- June 10-15 Teen 1
- June 17-22 Junior High 1
- June 24-28 Young Adventurers 1
- July 1-5 Young Adventurers 2
- July 8-13 Teen 2
- July 15-20 Junior High 2
- July 22-26 Young Adventurers 3
- July 29-August 2 Young Adventurers 4

Optional Purchases

Circle the price of each item you want to add	Price
• Airsoft (Teen & JH campers)	1 round \$10 2 rounds \$20
• T-shirt Circle Size: YS YM YL S M L XL	\$12
• General Store spending money	\$_____
• Speaker Offering	\$_____

Discount

Family Discount: **\$10** off if second+ child in a family

Total Registration Price:

$$\begin{array}{r}
 * \underline{\hspace{2cm}} + \underline{\hspace{2cm}} + \mathbf{\$5.00} - \underline{\hspace{2cm}} \\
 \text{Price of Camp} \quad \text{Optional Purchases} \quad \text{Processing Fee} \quad \text{Family Discount} \\
 = \underline{\hspace{4cm}} \text{Total Amount} \\
 \input type="checkbox"/> \text{ Pay } \$25 \text{ non-refundable fee} \quad \input type="checkbox"/> \text{ Pay total amount}
 \end{array}$$

To pay your registration fee (\$25 minimum required), please fill out the credit card information below or include a check. Please make checks payable to Pioneer Bible Camp.

Name as appears on card _____ Card number _____
 Exp. Date _____ Billing Zip Code _____ Signature of cardholder _____