



2025

# Camper Application

Medical Treatment Consent & Hospitalization Insurance Information

**Please complete all information on front and back**

First Name		Last Name	Phone Number	
Address			City, State	
Zip	Email		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Grade entering in Fall	Birthday		Age	T-Shirt Size Youth      Adult S M L XL      S M L XL 2X 3X
Home Church			Pastor	
Parent/Guardian			Relationship to Camper	
Person picking up camper if other than above				
<b>Camp Attending:</b> <input type="checkbox"/> Primary Day Camp (ages 4-6) June 7 (early bird deadline 5/5) ~ Check in 10am on 6/7 <input type="checkbox"/> Alpha Camp (Elementary) (grades 2-5) June 9-12 (early bird deadline 5/5) ~ Check in 10am on 6/9 <input type="checkbox"/> Omega Camp (Teen Camp) (Middle School & High School) June 16-20 (early bird deadline 5/5) ~ Check in 4-7pm on 6/16 <input type="checkbox"/> Day Camp Only (No lodging) - \$110 (Please check here if only registering for Day Camp)				
<b>Camper Fee Schedule:</b> \$135.00 Early Bird Rate      \$150.00 Late Registration      \$110.00 Day Camper  The NON-REFUNDABLE deposit of \$50.00 must be received by 5/5 to qualify for early bird rates and reserve space.  <b>The possession and/or use of tobacco, vapes, alcoholic beverages, and illegal drugs are <u>PROHIBITED</u>. Anyone caught with these will immediately be sent home. Some occasions could include Law Enforcement.</b> <b>***BSYC will observe a NO CELL PHONE POLICY.***</b>				

### Rooming Request (Please note that all special rooming requests must be made at the time of pre-registration and cannot be guaranteed after the early-bird deadline)

Name	Name
Name	Name

### Activity Permission Form (Must be signed by Parent / Guardian)

The undersigned hereby forever release and discharge Spirit Life Ministries of any and all liability of any nature which may arise while \_\_\_\_\_ is a Camper as set forth above. Undersigned further covenant and agrees never to sue or file claim against the aforesaid Spirit Life Ministries for any injury which may occur to said camper while he/she is involved in any of the activities of Camp, either on or off the premises.

Parent/Guardian Signature (required)	Date
Parent/Guardian Name - Printed	Date
My child has permission to participate in the following (check all that apply):	
<input type="checkbox"/> Supervised Swimming <input type="checkbox"/> Paintball (Omega Camp Only)	
My child is restricted from participating in the following:	

### Media Release

I, \_\_\_\_\_, hereby give Spirit Life Ministries permission to film, video tape and/or photograph my son/daughter, \_\_\_\_\_, for the purpose of producing promotional videos, PSAs and commercials. I have been advised this film, video and/or photography will be used to promote Spirit Life Ministries/ Discipleship Ministries programs. I also understand that the film, video and/or photography may be viewed in collateral material and/or online for the purpose of the promoting Spirit Life Ministries/Discipleship Ministries. I release Spirit Life Ministries, including its directors, officers, employees, consultants, agents, and film crews from all liability arising from the use of the film, video and/or photography of my son/daughter. I also understand and agree that no compensation will be paid to my son/daughter for participating in this film, video and/or photography.

Signature of Parent/Custodian/Guardian

Dated

## Medical Treatment Consent Form & Hospitalization Insurance Coverage Information

(Copy of Insurance Card **must** be attached)

Campers Name	DOB	Age	
Emergency Contact Name	Home Phone	Cell Phone	Alternate Phone
Medical Conditions/ Disabilities			
Medical Conditions / Allergies			
Food Allergies			
In my absence, I hereby authorize the Director of Camp or his/her appointee to obtain medical treatment which may be deemed necessary for my child. I also hereby authorize any physician called upon by the Director of Camp to render medical treatment that, in his/her judgment may be deemed necessary for the well-being of the child.			
Parent/Guardian Signature (required)		Date	
Insurance Company	Address		
City/State/Zip			
Subscriber ID	Admission Pre-Certification Phone #	Insurance Company Phone #	
Group #	Group Name (Employer)		
Employer Address		City/State/Zip	
<b>Insurance Authorization:</b> I authorize the release of any medical information necessary to process a claim for the dependent named in the Camp Application. I authorize payment of medical benefits to the physician or supplier of services rendered to my dependent.			
Insured's Signature (required)		Date	

*Note: Campers personal insurance is primary coverage. Spirit Life Ministries is not responsible for any expense in excess of camper's personal insurance.*

\*\*\* Please note we will only provide campers with Tylenol, Ibuprofen and Benadryl. Any other medications (prescription, over the counter or vitamins) **MUST** come from home in their original bottle. Please do not send medications in a "days of the week" container. They will not be given, and you will be called to camp to provide original bottles, or you will have to come each time that a medication is administered.

**Permission to give as needed medication:**

I give Beech Springs Youth Camp permission to give said camper Tylenol \_\_\_\_\_, Ibuprofen \_\_\_\_\_, and/or Benadryl \_\_\_\_\_ as needed according to medication guidelines.

**Please initial each medicine that is OK to give.**

**Prescription Medications:** (Each prescription is required to be in a RX bottle with dosage instructions and camper's name.)

- |                                  |               |
|----------------------------------|---------------|
| Prescription Medication 1. _____ | Dosage: _____ |
| 2. _____                         | Dosage: _____ |
| 3. _____                         | Dosage: _____ |
| 4. _____                         | Dosage: _____ |

\*\*\* I will check my camper for head lice and understand that all campers will be checked upon arrival by a staff member. **HEAD LICE POLICY.** Beech Springs Youth Camp has a NO NIT policy regarding head lice. I understand that even if my child has been treated, they will not be allowed to stay if they have nits.

\_\_\_\_\_  
Signature of Parent/Custodian/Guardian

\_\_\_\_\_  
Date

**Registration Fee:** Early Registration is \$135.00 (by 5/5) Late Registration is \$150.00 (after 5/5)

There will be no refunds after June 1 however a substitute may go in that place. Balance is due prior to camp or at check-in. Please be sure to have the proper fees included.

**Please make checks payable to: USCC or Spirit Life Ministries**

**Mail completed Application to:  
Discipleship Ministries, P.O. Box 309, Williamston, SC 29697**

**The Camp physical address is: 115 Beech Springs Church Road, Pelzer, SC 29669**

**OFFICE USE ONLY**

Conference Use Only – Record of Payment		<i>Total Due</i>	
Deposit Rec'd <input type="checkbox"/> Cash Rec'd		<i>Less Deposit</i>	
\$			
Check # (if applicable)		<i>Balance Due</i>	
		<i>Paid In Full</i>	