



BKCS - Science Camp



REGISTRATION FORM

(Please Print)

Today's Date: _____

STUDENT INFORMATION

Camper's first name:	Last:	Group (Grade currently in)	
		K - 2 <input type="checkbox"/> 3 - 5 <input type="checkbox"/> 6 - 8 <input type="checkbox"/>	
Street address:	Home phone no.:		
		()	
P.O. box:	City:	State:	ZIP Code:

Contact (parent/guardian):	Phone Number where you can be reached during camp	Second phone no.:
		()
Contact 2 (parent /guardian)	Phone Number where you can be reached during camp	Second phone no.:
		()
Other People authorized to pick up camper from camp (Please list all):		

INSURANCE INFORMATION

Person responsible for bill:	Birth date:	Address (if different):	Home phone no.:
			()
Insurance company Name			
Subscriber's name:	Group no.:	Policy no.:	
Student's relationship to subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other			

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.:	Work phone no.:
		()	()

The above information is true to the best of my knowledge. I authorize BKS staff to seek medical attention if contacts listed above cannot be reached. I understand that I am financially responsible for any balance

Patient/Guardian signature

Date