



# Summer Camp Registration

**Return completed form to: [office@bmm.life](mailto:office@bmm.life)**

**Sign-in starts at 10:00 am/ Pick-up last day is 1:30 pm**

**ALL QUESTIONS MUST BE COMPLETED FOR  
REGISTRATION. FOR NON-APPLICABLE  
QUESTIONS PLEASE PUT N/A**

**If you have any questions, please contact us at  
[office@bmm.life](mailto:office@bmm.life) or (574) 533-5388**

## CAMPER INFORMATION

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First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender (Biological): \_\_\_\_\_

Address\*


Age\*

Birth Date (MM/DD/YYYY)\*

Grade Completed 2025

CAMPER Email address. For alerts/notifications  
concerning camp related information:

\_\_\_\_\_

CAMPER Cell Number. For text alerts/notifications  
concerning camp related information only:

\_\_\_\_\_

Full Name Of Adult Picking Up Your Camper:

\_\_\_\_\_

# CAMPER T-SHIRT INFO:

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## GRADES 2-5

- ☐ YOUTH S
- ☐ YOUTH M
- ☐ YOUTH L
- ☐ ADULT S
- ☐ ADULT M
- ☐ ADULT L
- ☐ OTHER: \_\_\_\_\_

## GRADES 6-12

- ☐ ADULT S
- ☐ ADULT M
- ☐ ADULT L
- ☐ ADULT XL
- ☐ ADULT 2X
- ☐ OTHER: \_\_\_\_\_

## Which camp will your child be attending?

- ☐ Southern Indiana Gr. 2-5 (SI-1 2025)
- ☐ Northern Indiana Gr. 2-5 (IN-3 2025)
- ☐ Northern Indiana Gr. 6-8 (IN-2 2025)
- ☐ Northern Indiana Gr. 9-12 (IN-1 2025)
- ☐ Michigan Gr. 2-5 (MI-2 2025)
- ☐ Michigan Gr. 6-8 (MI-1 2025)
- ☐ Ohio Gr. 2-5 (OH-2 2025)
- ☐ Ohio Gr. 6-8 (OH-1 2025)

## CAMPER MEDICAL INFORMATION

Family Doctor's Name\*

Family Doctor's Phone\*

Year of last tetanus shot\*

My camper CAN take Ibuprofen. (We carry this, no need to bring.)\*

My camper CAN take Tylenol. (We carry this, no need to bring.)\*

My camper CAN take Pepto. (We carry this, no need to bring.)\*

My camper CAN take Tums. (We carry this, no need to bring.)\*

List Medications Camper is current taking. (You must include name of medication, dosage to be given and how often it is to be given.) Type N/A if no meds.\*

**\*\*All medications brought to camp MUST be in original container.\*\***

Camper has above average reaction to

Bee Stings

Poison Ivy

List any food or drug allergies and any and all medical issues your camper has had in the last year

## PARENT/GUARDIAN INFORMATION

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Parent/Guardian Name\*

Parent/Guardian Email\*

Parent/Guardian Phone\*

Emergency Contact Name\*

Emergency Contact Phone\*

2nd Emergency Contact Name\*

2nd Emergency Contact Phone\*

## CAMP FEES

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How many Bible Memory Ministries verses have been memorized?

- No Verses Memorized (\$300)

- All Verses Memorized (\$250)

Church Name: \_\_\_\_\_

Is your church paying part or all of your camp fee? If so, how much?

\_\_\_\_\_  
**\*\*If your church is paying part or all of your camp fee, payment in full is required at check-in\*\***

Amount You Owe:

Step 1: Camp Fee based on memorization status (\$300 for no verses or \$250 for all verses)

\$ \_\_\_\_\_

Step 2: Minus church contribution

\$ \_\_\_\_\_

Total: Due at check-in

\$ \_\_\_\_\_

## CAMP GUIDELINES

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I give permission, as parent or guardian, for emergency medical treatment (if possible, parents will be contacted if there is a medical emergency). Secondary medical insurance is covered in the cost of registration. I further recognize that certain hazards and dangers are inherent in camp events and programs. I understand, also, that although the camp has taken precautions to provide proper supervision, instruction, training and equipment at each activity, it is impossible for the camp to guarantee absolute safety. (Especially in light of the COVID-19 situation.) Further, I waive any claim that may arise against Bible Memory Ministries and/or employees as a result of participation in the program, except for those that are a direct result of gross negligence of the camp or its employees. I also give permission as parent/guardian for my camper to be photographed or videotaped for promotional purpose of Bible Memory Ministries.

Parent/Guardian Signature\*

Date\*

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