

# Bethany College Full-Contact Team Camp 2011

June 11-13, 2011

Please print:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Grade Entering \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

School you attend and year of graduation \_\_\_\_\_

Parents' or guardians' name (s) \_\_\_\_\_, \_\_\_\_\_

Have either of your parents attended Bethany? \_\_\_\_ Yes \_\_\_\_ No

Roomate request (optional) \_\_\_\_\_

T-shirt size:     S    M    L    XL    XXL

As a participant in the Bethany College Full-Contact Football Camp, June 11-13, 2011, I agree to abide by camp regulations, which include no possession or use of tobacco, alcoholic beverages, or unauthorized drugs. I agree to attend all camp activities and not to leave the Bethany College campus. I agree to pay for any damage to Bethany College property for which I am responsible. I understand that violation of these regulations will result in my dismissal from the camp without a refund.

Participant's signature \_\_\_\_\_

Parent's or guardian's signature \_\_\_\_\_

Father's or guardian's work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's or guardian's work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent or guardian e-mail address \_\_\_\_\_

Return this form with the following:

- A photocopy of the insurance card under which the student is insured
- Registration Fees: Make checks payable to Bethany College  
Resident Camper full amount: \$140.00    Commuter: \$90.00  
If you will be using BC pads, please add \$35.

*Please note: Camp fees include a \$25 non-refundable administrative fee. A \$25 key deposit is required at registration. Deposits are refunded upon return of room key. There will be no refunds after May 27, 2011. Bethany College reserves the right to cancel or postpone this camp because of insufficient enrollment or other unforeseen circumstances. If the camp is cancelled, Bethany College will refund registration fees.*

Please charge my account:     Discover     Mastercard     Visa

Account Number *(include all raised numbers on card)*

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration \_\_\_\_ / \_\_\_\_

\_\_\_\_ (Security code - last 3 digits on back of card)

*(If you are using a credit card, you will be charged the full amount)*

Authorized Signature \_\_\_\_\_ *(for credit card only)*

Print name \_\_\_\_\_ *(for credit card only)*

Mail to:

Summer Programs, Attn: Roxie Sjogren  
Bethany College  
335 E. Swensson St.  
Lindsborg, KS 67456

For questions, contact:

Summer Programs  
(785) 227-3380, ext. 8158  
or email [sjogrenr@bethanylb.edu](mailto:sjogrenr@bethanylb.edu)

Or Coach Jeremy Scheufler

(785) 227-3380, ext. 8329  
Cell: (316) 210-9428  
[scheuflerj@bethanylb.edu](mailto:scheuflerj@bethanylb.edu)

Summer Camp  
Registration

