

# RED EYE

**P R O D U C T I O N**  
**C A M P**

## 2015 REGISTRATION FORM

Sunday, June 14 - Thursday, June 18  
Bethany Lutheran College Campus

### Camper information

Camper's full name: \_\_\_\_\_

Camper cell phone: \_\_\_\_\_

Camper Email: \_\_\_\_\_

MALE  FEMALE

Age \_\_\_\_\_ In September 2015, you are a  SOPHOMORE  JUNIOR  SENIOR in high school.

T-shirt size:  SMALL  MEDIUM  LARGE  EXTRA-LARGE

Roommate Request (if applicable): \_\_\_\_\_

### Parent/guardian information

Parent/guardian full name: \_\_\_\_\_

Correspondence address: \_\_\_\_\_

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

Parent/guardian cell phone: \_\_\_\_\_

Parent/guardian email: \_\_\_\_\_

### Enclose payment of \$300

*Make check available to BLC Studios*

Mail payment and registration form to:

BLC Studios  
Bethany Lutheran College  
700 Luther Drive  
Mankato, Minnesota 56001

*All registrations include a non-refundable \$50 deposit. As of May 1, your registration payment becomes non-refundable.*

### Contact

Amanda Quist  
amanda.quist@blc.edu  
507-344-7743

### Statement of Authorization

1. My child has permission to be transported by a Bethany Lutheran College vehicle and to participate in all Red Eye Production Camp activities and field trips.
2. In the case that your child becomes ill during the camp, you will be contacted as soon as possible. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the center as soon as possible.
3. My signature authorizes the Bethany Lutheran College staff to act for me according to their best judgment in the event of a medical emergency. I/we grant permission for emergency medical treatment by a rescue squad, private physician, and/or hospital or emergency health care facility staff. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases Bethany Lutheran College from any and all liability and/or financial responsibility for any medical expenses incurred.

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_