



# SUMMER 2024: BEAR LAKE CAMP REGISTRATION FORM

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

First Time Camper    Grade Entering \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: \_\_\_\_\_ Camper Email \_\_\_\_\_

Home Church: \_\_\_\_\_

Cabin Mate Request (limit 2) 1. \_\_\_\_\_ 2. \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

Phone Contact #1 \_\_\_\_\_ #2 \_\_\_\_\_

Camp Fee:	_____
Store (\$10-15):	+ _____
Camp Picture (\$5):	+ _____
Scholarship:	- _____
Total Due:	_____
Amount Enclosed*:	_____
* (minimum \$25.00 deposit)	

For which camp are you registering? (Grades entering in Fall 2024)

- Primary (2<sup>nd</sup> - 3<sup>rd</sup>)   
 Jr. High 1 (7<sup>th</sup> - 9<sup>th</sup>)   
 Junior 1 (4<sup>th</sup> - 6<sup>th</sup>)   
 Jr. High 2 (7<sup>th</sup> - 9<sup>th</sup>)   
 Senior High (10<sup>th</sup> - Grad)   
 Junior 2 (4<sup>th</sup> - 6<sup>th</sup>)   
 Jr. High 3 (8<sup>th</sup> - 10<sup>th</sup>)   
 Junior 3 (3<sup>rd</sup> - 5<sup>th</sup>)

T-shirt Size (included & can be change upon arrival):

- X Small (youth medium with added length)   
 Small (youth large with added length)   
 Medium  
 Large   
 XL   
 2XL   
 3XL

## CAMPER HEALTH FORM

Emergency Contact (other than parent): \_\_\_\_\_

Relationship to camper: \_\_\_\_\_ Contact # : \_\_\_\_\_

Does the camper have any challenges in the following areas:

- Physical Health   
 Emotional Health   
 Behavioral Health   
 None

If so, please explain so that your camper can receive the best possible care from our staff during their camp session. If more space is needed, please attach a separate piece of paper or call our office. \_\_\_\_\_

Allergies: \_\_\_\_\_ Specific Restrictions: \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_ Immunizations:  Complete  Incomplete

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medications: All medications, except inhalers, are to be given to Camp Medical Staff during check in and all medications must be in their original packaging. If a child is on prescription medication, a doctor's note is required to dismiss him/her from those meds during camp.**

Prescription: \_\_\_\_\_ Non-Prescription: \_\_\_\_\_

*"This Health Form is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted above. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by BLC to hospitalize, secure proper treatment, and to order injections, anesthesia, or surgery for my child as named above. I also understand that BLC provides secondary insurance. I am also aware that by signing below I give BLC permission to use photos of registrant in an appropriate manner which includes, but is not limited to, use of photos for promotional material and website content."*

Parent/Guardian Signature/Date: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

<b>Office Use Only</b>	
Amt Rec'd	_____
Date:	_____
Check #	_____
Balance Due :	_____
Parent Owes:	_____
Church Owes:	_____