

Forest Lake 2019 Summer Camps

Camp Registration Form

Please check the camp(s) that you are interested in attending.

Grades	Event	Dates	Until May 1	After May 1
<input type="checkbox"/> Grades 9 th -12 th	Canoe Trip	Aug 4(5 p.m.)-6	\$60.00	\$60.00
<input type="checkbox"/> Grades 1 st – 3 rd	Deep & Wide	June 27-29	\$110.00	\$110.00
<input type="checkbox"/> Grades 4 th -5 th	Encounter	July 15-20	\$250.00	\$275.00
<input type="checkbox"/> Grades 6 th -8 th	Impact	July 22-27	\$250.00	\$275.00
<input type="checkbox"/> Grades 7 th -12 th	Contact	July 29-Aug. 3	\$250.00	\$275.00
<input type="checkbox"/> Grades 9 th -12 th	Collide (Formerly called Sick n' Twisted)	July 8-13	\$250.00	\$275.00
<input type="checkbox"/> Grades 6 th -8 th	Pioneer Camp	June 28-30	\$110	\$110

Please print clearly using a ballpoint pen.

Camper's Name _____ Female ___ Male ___

Birth Date _____ Grade in Fall of 2019 _____
Month – Day – Year

Street Address _____ City _____ State _____ Zip _____

Home Church _____

Church Address _____
Street City State Zip

Email address _____

Mother/Guardian Name _____

Address (if different from above) _____

Phone #s (Please include Area Codes) Home _____ Cell _____
 Work _____

Father/ Guardian Name _____

Address (if different from above) _____

Phone #s (please include area codes) Home _____ Cell _____

Emergency Contact _____ Relationship to Camper _____
Work _____

Phone # _____

Limited Power of Attorney: Consent of Treatment of Minor and Release of Liability

1. In case of medical emergency, Forest Lake will make every attempt to contact a parent/guardian. If parent/guardian cannot be contacted I hereby give my permission to the physician selected by Forest Lake Camp to hospitalize and secure proper treatment for my child.
2. Additionally, all physician **prescribed medications will be dispensed to the camper ONLY if the prescription is contained in its original prescription bottle and only for the exact dosage prescribed on the bottle.**
3. I approve this registration and agree to the terms stated herein. I also give my permission for the camper to participate in all activities as they pertain to his/her camp program.
4. I release Forest Lake Camp and any of its authorized agents from any obligation of liability, actual or implied, concerning their use of the limited purpose power of attorney.
5. The undersigned certify that they have read (or had it read to them) the Power of Attorney and Release of Liability Form and that they understand the same.
6. I also understand that any photos or videos taken may be used for advertising & promotional purposes.

Parent/Legal Guardian's Signature _____

Witness' Signature _____

Witness' Address _____ City _____ State _____ Zip _____

Health Insurance Company _____ Policy # _____

Yes ___ No ___ **Overall** Good health and able to participate in all activities

Yes ___ No ___ **Special needs, precautions** _____
(Such as ADHD, ADD, bedwetting, sleep walking, emotional problems, ear plugs, etc.)

Please explain _____

Yes ___ No ___ **Allergies** (Foods, Medications, Bee Stings, Etc.) Please List and explain

Yes ___ No ___ **Medications** (List and include dosage, frequency and times)

All Medications must be turned in to camp staff at time of check-in and **MUST be in ORIGINAL prescribed containers.** It will be dispensed as directed on the bottle, unless a doctor's note advises differently.

Date of last tetanus immunization _____

The camp has my permission to administer medications and general first aid to my child as needed.

Signature of Parent/Guardian

Free T-shirt included: (Circle Size) Youth: S M L Adult: S M L X 2X

Please mail registration forms and payments to:

Mid-American Baptist Churches

2400 86th St – Suite 15

Des Moines IA 50322

Phone: 515-278-1411