

Winter Retreat 2012

Registration Form

Participant Information (Adult Volunteer Registrants Please Fill In Applicable Information)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Birth Date: _____ Grade: _____ Gender: _____

Church: _____

Parent/Guardian Name (if not applicable N/A): _____

Emergency Contact Name and Number: _____

T-shirt size of the participant; available sizes are youth medium (YM)-adult XXL (AXXL) _____

Roommate Requests:

Roommate One: _____ Roommate Two: _____

****The cost of Winter Retreat 2012 is \$95 if registration is received by December 5th and \$110 for any registration received after that date. January 18th is the final day to register and be guaranteed a t-shirt. No registrations will be accepted after February 1st for any reason. The cost for Adult Volunteers is \$75 regardless of registration date. Payment in full is required for all camp registrations.**

Payment Information:

Blue Lake Accepts Visa, Mastercard, EFT, and Checks (Payable to Blue Lake Camp)

Credit Card/EFT Info: Account Number (and routing number if using EFT): _____

Expiration Date _____ 3 Digit Security Code on Back of Card _____

Billing Address _____

Printed Name of Cardholder _____ Signature _____

*Cancellation Policy: \$25 of the participant fee is non-refundable. No refunds will be issued if cancellations are made within the two-week window prior to the start date of the event.

*All participants must have a new **Health Form** and **Hold Harmless Agreement** on file and sent in prior to the start of the event. These forms can be found on our website and in this registration packet.

*All adult volunteers must have a **current background on check file** prior to arriving at Blue Lake to attend. Please check out our website or see the volunteer section of this packet for more information.

Blue Lake Camp
8500 Oakwood Lane, Andalusia, AL 36420
Phone: 334-222-5407 Fax: 334-427-1469

Health History Form for Short-Term Campers: Winter 2012

Return Completed Form to

Blue Lake Camp
8500 Oakwood Lane
Andalusia, AL 36420

Questions?
Call our office at 334-222-5407

Camper Name: _____
First Name Middle Initial Last Name

Date of Birth: _____
Month Day Year
Boy Girl

Parent/Guardian: _____

Preferred Phone #: () _____

About health care for short-term camper stays:

- At minimum, a staff member with First Aid and CPR is at camp when campers are present.
Campers should arrive ready to participate in the program.
Please send medication with detailed instructions in original bottles if possible.

1. Date (month & year) of your child's most recent tetanus immunization _____

2. Is this child allergic to any food or medication?
If YES, name the item and indicate the reaction.

3. Does this child have asthma?
If YES, will your child carry a rescue inhaler during the camp session?
If YES, does your child need staff help to use that rescue inhaler?
If YES, what triggers your child's asthma?

4. We will call when there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent who will be available via phone while your child is attending our program.
Name of Parent/Guardian: Phone: ()

5. List the medications that your camper takes on a routine basis:
a. Med: Reason for taking this:
a. Med: Reason for taking this:

6. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program:

Parent/Guardian Authorization

This information is correct and the child described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness.

Signature of Parent/Guardian: _____ Date: _____

**BLUE LAKE UNITED METHODIST ASSEMBLY, INC.
AGREEMENT TO PARTICIPATE;
ASSUMPTION OF RISK AND RELEASE OF LIABILITY
PLEASE READ BEFORE SIGNING**

WHEREAS, THE UNDERSIGNED PARENT OR GUARDIAN wishes to have their child be accepted for participation in the Blue Lake United Methodist Assembly Summer Camping experience:

The undersigned acknowledge(s) that during the said Blue Lake United Methodist Assembly camping program for 2012 events that their child or person(s), for whom they have responsibility, has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to hazards of traveling wooded terrain, ropes course, swimming in a natural lake, using water borne craft such a canoe, accident or illness in a remote place with medical facilities eighteen (18) miles away, and travel by various conveyance. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting from other types of outdoor activities. I further understand that in allowing my child or the person to whom I have responsibility to participate in camping activities he/she will be exposed to the elements of nature, including temperature extremes, and inclement weather. I further understand that medical treatment may be several minutes to an hour away in the event of a medical emergency.

I certify that my child or the person for whom I am responsible for, is healthy enough (both physically and emotionally) and capable of participating in this Blue Lake United Methodist Assembly Summer Camp program. I have listed on the Health Form any medical conditions that Blue Lake United Methodist Assembly, Inc., should be aware of which may hinder my child, or the person for whom I am responsible for, from participating in any particular activity. **However, I understand that it is solely my parental or guardian responsibility to determine whether there is any medical reason that my child or the person for which I am responsible for, should not participate in the Summer Camping Program at Blue Lake United Methodist Assembly, Inc.**

In consideration of, and as part payment for the right to participate in such a camping program and the services and food arranged for my child or person for whom I am responsible for, by Blue Lake United Methodist Assembly, Inc., Directors, Officers, Employees, Agents, and/or Associates I have and do hereby assume all the above risk and any other ordinary risk incidental to the nature of the Blue Lake United Methodist Assembly Summer Camp program which is not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether from bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with by camp or participation in any other activities arranged for me by Blue Lake United Methodist Assembly, Inc., its Directors, Officers, Employees, Agents and/or Associates, and their heirs, executors and administrators, successors and assigns and for all members of my family, including any minors accompanying me. In short, I cannot sue Blue Lake United Methodist Assembly, Inc., and if I do, I cannot collect any money. In addition, I will be liable for Attorney and Court fees associated with any litigation against Blue Lake United Methodist Assembly, Inc. I also state that my child or the person for whom I am responsible for, nor I, am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that my child's, and/or the child for whom I have responsibility for, physical activity involves risk of injury. I also understand that my child's, or person for whom I have responsibility for, participation in Blue Lake United Methodist Assembly, Inc., Summer Camp program is entirely VOLUNTARY. I enter my child, or the person for whom I have responsibility for, enter into this Blue Lake United Methodist Assembly, Inc., Summer Camp program and take full responsibility for my decision for him/her to participate or not to participate and agree to follow all safety instructions.

Name of Participant (print) _____

Name of Parent/Guardian (print) _____

Date of Signature for Parent/Guardian _____

Signature of Parent/Guardian _____

Date of Signature of Witness _____

Signature of Witness _____