



Big Lake Campmeeting Youth Camp Registration Form 2019

Camper Name: _____ D.O.B: _____ Age: _____ Grade: _____

Address: _____ City: _____ State: _____

Phone #: _____

Parent/Guardian Name: _____ Parent/Guardian Cell Phone: _____

Work Place: _____ Work Phone: _____

Your Home Church: _____

Camp Fees:

_____ Overnight Camper-\$195.00

_____ Day Camper Camp -\$185.00

Ages 8-15

10% DISCOUNT PER CAMPER IF EARLY REGISTRATION BEFORE JUNE 1ST

Need Based Scholarships Available Please Call Steve (603) 991-5181

Do you prefer to stay with anyone in particular?

Please Name **ONE Person:** _____

**I WILL PARTICIPATE IN THE FULL PROGRAM OF BIG LAKE CAMPMEETING
AND WILL ABIDE BY ALL CAMP RULES:**

SIGNATURE OF CAMPER

Camper Check-Out: At the end of camp, your child must be signed out by an authorized adult; if none are listed in the space below the child will be released only to the parent/guardian who signs this form:

Photography Waiver: By signing this registration form I also authorize the taking of pictures of my child for camp promotion purposes.

Signature of Parent/Guardian: _____

Early Registration Deadline is June 1, 2019

Please return to Big Lake Campmeeting – PO Box 762, West Chester, OH 45071

or submit via email at blca@biglakecampmeeting.org.



Health Record

Camper Name: _____ Age: _____

In case of emergency, notify: _____

Relationship: _____ Phone: _____

Other contact (optional): _____

Insurance:

Doctor's Name: _____ Phone: _____

Insurance Carrier: _____ Plan/Policy #: _____

Policy Holder/Member: _____

Camper currently has/ has had recently:

Frequent colds/sore throat:____ Asthma:____ Bronchitis:____ Seizures:_____

Current Health Conditions: _____

Allergies Including Food, Respiratory, Medication and Others : _____

Other Health Concerns (recent illness, injury or surgery): _____

Behavioral/Psychological concerns or considerations (specify if applicable):

Immunizations:

Up-to-date per school requirements: Yes:____ No:____ Date of last Tetanus Shot: _____



Health Record (CONT.)

Please initial which over-the-counter medications may be administered by the camp nurse:

Acetaminophen (Tylenol)	_____	Ibuprofen (Advil, Motrin)	_____
Tums	_____	Pepto Bismol	_____
Throat Lozenges	_____	Diphenhydramine(Benadryl)	_____

Is camper currently on any medications: No___ Yes___ If Yes, please specify below:

Please included what the treatment is for, time of day it is taken, strength, dosage and when next dose is due.

If camper uses an inhaler and/or epi-pen:

Due to State regulations, if you wish for your child to carry & self-administer his/her own inhaler and/or epi-pen, please download and fill out the Inhaler and/or Epi-Pen Self-Administration Form at www.biglakecampmeeting.org

IN CASE OF ACCIDENT OR ILLNESS, I HEREBY CONSENT TO THE ADMINISTRATION OF AID AND/OR MEDICATION. I ALSO CONSENT FOR TREATMENT BY A PHYSICIAN OR EMERGENCY DEPARTMENT. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THE COST OF SUCH TREATMENT.

Name of Parent/Guardian (Please Print): _____

Signature of Parent/Guardian: _____

Packing List

Please do not bring:

- Cell Phones
- Any Musical Player
- Electronic Game Devices
- Clothing with Inappropriate Messages
- Two Piece Bathing Suits
- Biker Shorts
- Knives or Weapons
- Alcohol, Tobacco, or Drugs

Please bring:

- **Immunization & Tetanus Records**
- Medications
- Pillow
- Sleeping Bag
- Toiletries
- One Piece Bathing Suits
- Swim Shoes (Optional but Highly Recommended)
- Sunscreen
- Towels (Bath and Beach are Recommended)
- Bible
- Snack Shop Money
- Shoes suitable for Hiking
- Closed Toed Shoes for Field Games
- A Set of Grubby Clothes

Registration: Registration is from 2 PM - 4 PM on Sunday in the Dining Hall. Campers will receive cabin and councilor assignments at that time.

Pick Up: Youth Camp ends on Friday after the end of Evening Service. On Friday parents and guardians are encouraged to join us for Lunch and Dinner, we are planning Big Lake Fear Factor on Friday afternoon.

Directions: From Bangor take State Rte 9 E (Airline Road). Turn left on US-1 N toward Princeton. In Princeton, turn left onto West St. Turn right onto Big Lake Road.
223 Big Lake Rd, Princeton, ME 04668, USA
GPS Coordinates: 45.188780,-67.620194
Alt GPS Coordinates: 45°11'19.6"N 67°37'12.7"W

Emergency Contact: If an emergency arises during camp please contact Steve (603) 991-5181, Donna Netzer (206) 904-9425

Snack Shop: We will have a Snack Shop that will be open in the afternoons each day. Money can be placed on the campers Store Account at registration and the items purchased will be deducted from the balance.



Camp Big Lake Campmeeting Inhaler and/or Epi-Pen Self-Administration Form

Name: _____

I prescribe the following prescription medication to the above camper:

Medication: _____ Dosage: _____

Reason for Rx: _____ Time of Day: _____

The camper is authorized to self-administer and has been instructed in self-administration of this medication. Yes No

Signature of Physician or Nurse Practitioner

Date

Print Name of Physician or Nurse Practitioner

Phone Number

My child is authorized to self-administer and has been instructed in self-administration of this medication. Big Lake Campmeeting Association, Inc. and its employees and agents shall not be liable for any injuries resulting from the camper's self-administration of this medication.

Name of Parent/Guardian (Please Print): _____

Signature of Parent/Guardian: _____ Date: _____

This form is required in accordance with Section 5.B.4.c. and 5.B.4.d. under 10-144 CMR 208, Rules relating to youth camps, primitive and trip camping. See Big Lake Campmeeting's policy on Self-Administration of Emergency Medication if you have any questions or concerns.

Office Use Only

Technique Evaluated: YES NO Health Staff Initials: _____