

# Jr Black Lake Camp



**Grades 4-5 — Summer 2019**

## Times

◆ **When:** July 28-August 3

## Cost - \$350

- ◆ **Deposit:** \$100 Due June 23
- ◆ **Balance:** \$250 Due before we leave

## Turn in

- ◆ 1. SCC Registration and Release Form
- ◆ 2. Black Lake Health Waiver
- ◆ 3. Activity Release (Even if you think you won't play—you might change your mind.)
- ◆ 4. Medication Form (if needed)

## What to Bring

- ◆ \_\_\_ Bible
- ◆ \_\_\_ pen/pencil
- ◆ \_\_\_ flashlight,
- ◆ \_\_\_ modest bathing suit
- ◆ \_\_\_ towel
- ◆ \_\_\_ sleeping bag
- ◆ \_\_\_ pillow
- ◆ \_\_\_ clothes for hot and cold weather
- ◆ \_\_\_ overnight toiletries
- ◆ \_\_\_ spending money (\$20-40 recommended, and students are asked to create a store account to prevent loss or stolen \$)

## What NOT to Bring

- ◆ **-Cell phones** (will be collected when we get there and returned on last day)
- ◆ **-Music players** (May be used for traveling and at night to sleep. They will be confiscated if seen at any other time. They tend to get stolen or misplaced so keep that in mind)

## Dress Code

- ◆ **Girls:** NO two-piece swimsuits of any kind. No bare midriffs, spaghetti-straps, tank tops or strapless anything.
- ◆ **Boys:** No underwear or nickel slots can be showing so bring a belt. Shirts are worn at all times except at the beach front.





# Jr Camp 2019

Name: \_\_\_\_\_ Gender: M / F

Grade: \_\_\_\_\_ 1 Friend You want to room with: \_\_\_\_\_

Phone: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Address: \_\_\_\_\_

In case of Emergency Notify: \_\_\_\_\_

Medical Ins: \_\_\_\_\_ Policy #: \_\_\_\_\_

I give permission for person mentioned above to participate fully in the SCC Black Lake Bible Camp Summer 2019 including travel to and from the event. I understand that in case of emergency, every effort to contact me will be made and I hereby give my permission for the adult youth leadership staff of SCC to take the above named participant to a doctor or hospital and I hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and I as the parent/legal guardian, assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I assume all transportation responsibilities. I also understand the start & end times & location of said event and I understand that full, qualified supervision is provided at all events. Therefore, I will not hold SCC or any of its youth staff liable for my child before, during or after hours of events.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# BLBC—Youth Group Camper Health Form

Church Name \_\_\_\_\_

Only complete this form if your camper is attending camp with his or her church group.

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  Male  Female Grade \_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Emergency Contacts - at least two, list parent(s) first

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Insurance Policy \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
(Black Lake Bible Camp is a secondary insurance provider only.)

Doctor's Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_ Tetanus booster current?  yes  no

Does the camper have any allergies?  yes  no If yes, specify: \_\_\_\_\_

Specify any additional dietary restrictions \_\_\_\_\_

*With advance notice, we can provide: Gluten Free, Dairy/Lactose Free, OR Vegetarian/Vegan meals (but only one option at a time). Our menu can also be modified to exclude common allergens as tree-nuts, peanuts, and shellfish.*

Cross off any medications the camper may not be given: (please send a supply if you anticipate a need, see below)

Tylenol    Motrin    Benadryl    Tummy Soothers    Cough Suppressant    Anti-Itch Cream    Cold Medicine

Will this camper be bringing any medications?  yes  no (If yes, we will need a medication information report.)

**All medications (over-the-counter & prescription) must be in their original containers and all must be turned into the nurse.**

(The nurse may allow a camper to carry his or her inhaler or EpiPen.) Put all medications into a labeled Ziploc bag.

Check if any of the following have been a health problem and explain:

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> frequent colds, sore throat or ear aches | <input type="checkbox"/> bed wetting or sleepwalking | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> heart, kidney or lung trouble            | <input type="checkbox"/> fainting                    | <input type="checkbox"/> asthma   |

Behavioral Concerns \_\_\_\_\_

Activity Restrictions \_\_\_\_\_

**MEDIA RELEASE:** Attendance at Black Lake Bible camp grants the camp permission to use comments, images, and/or recordings of this camper in its camp promotional materials (including highlight videos).

**ACTIVITY WAIVER,** Submitting a registration form to Black Lake Bible Camp implies agreement with the Activities Waiver (release of liability, assumption of risk and indemnification agreement) found on the Camp Policies page of our website and gives permission for the above named camper (or self, if 18 or older) to participate in all camp activities. Parents/guardians may deny participation in specific activities with the Activity Opt Out Form.

**IN CASE OF INJURY OR ILLNESS,** "I hereby give consent for hospitalization or medical treatment by a licensed medical doctor when deemed necessary by the camp for the welfare of said minor (or self, if 18 or older). I understand every effort will be made to notify an emergency contact listed above. I acknowledge that I have read this form completely & understand the camp's policies."

Parent/Guardian Signature (self, if 18 or older) \_\_\_\_\_ Date \_\_\_\_\_

# Activity Opt Out Form



Parents/guardians may use this form to not allow participation in specific camp activities. For team or camp-wide events, campers may still be near an activity, but will not be allowed to participate. (Paintball is no longer offered at BLBC.)

## Parent/Guardian Section

Check the activities the below named camper may NOT participate in at BLBC:

- Archery tag
- Climbing Wall
- Other \_\_\_\_\_

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Print Parent/Guardian Name

Relationship

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Parent/Guardian Name Signature

Date Signed

## Camper Section

- I understand what my parent/guardian has selected above, and agree to obey and respect their instructions.

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Camper Name

Date of Birth

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Camper Signature

Date Signed

**Medication Administration Report**

<b>Parents, complete this section only:</b>	
Camper Name	Birth date
<b>Medication Name:</b>	
Dosage:	
Administration Time(s)/Instructions:	
<b>Medication Name:</b>	
Dosage:	
Administration Time(s)/Instructions:	
<b>Medication Name:</b>	
Dosage:	
Administration Time(s)/Instructions:	

<b>Camp nurse use only:</b>									
Camp dates		Camp/Youth Group					Counselor/Cabin		
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Nurse notes:	
Breakfast									
Lunch									
Dinner									
Evening									
Other									
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Nurse notes:	
Breakfast									
Lunch									
Dinner									
Evening									
Other									
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Nurse notes:	
Breakfast									
Lunch									
Dinner									
Evening									
Other									
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Nurse notes:	
Breakfast									
Lunch									
Dinner									
Evening									
Other									

Nurse Initials: **Key:** 1, 2, etc. number given    D did not report    N nausea or vomiting    SO signed out