



Winter Camp

When: **What:**

Jan 21-23

Meet at the church at 3pm on 21st, will return on 23rd at 2ish pm

What to Bring:

Bible, Pen or Pencil (If you need a Bible let us know)

Sleeping bag, pillow, toiletries, towel

Warm clothes for outdoors and at night

Swim Suit: Great Wolf Lodge, Polar Bear
-One-Piece for Girls -No speedos for Guys

Trash bag for wet clothes

Stuff to sleep in

\$ 10 for lunch on the way home

A weekend long retreat at Black Lake Bible Camp where students will fellowship with friends, worship, hear speakers, and have the option to participate in activities such as mini-golf, dodgeball tournament, and a polar bear plunge!

How Much:

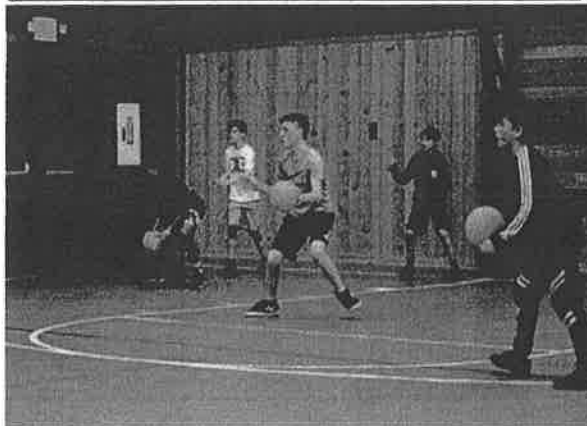
Cost:

Deposit: \$50 December 15th with release

Balance: \$110 *Due before we leave*

Total Due: \$160 *includes housing, food, transportation*

Need based scholarships are available, ask Keith for more details





**Middle School Winter Camp 2022
Registration and Release Form**

Name: _____ **Gender:** ____ **Grade:** ____
Phone: _____ **Address:** _____
In case of Emergency Notify: _____
Allergies or any medical info to know _____
Medical Ins: _____ **Policy #:** _____

I give permission for person mentioned above to participate fully in the SCC Black Lake Bible Camp for Winter of 2022, including travel to and from 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 am aware that while precautions will be taken, my youth may contract a sickness including COVID-19, and will not hold SCC responsible if my youth becomes ill. I am aware of the start and end times, location of said event, that qualified supervision is provided, and therefore, I will not hold SCC or any of its staff liable for my child before, during or after hours of said youth event.

Parent/Guardian Signature

Date

BLBC—Youth Group Camper Health Form

Church Name _____
Dates of Camp _____ to _____

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 earaches | <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: "I grant Black Lake Bible Camp permission to use comments, images, and/or recordings of the person/s you are registering in our promotional materials which may appear online or in print."

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, "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 parents or guardian of child. I acknowledge that I have given complete, accurate information and understand the camp's policies."

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

Medication Administration Report

Parents, complete this section only:

Camper Name	Birth date
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Medication Name:

Dosage:
Administration Time(s)/Instructions:

Medication Name:

Dosage:
Administration Time(s)/Instructions:

Medication Name:

Dosage:
Administration Time(s)/Instructions:

Medication Name:

Dosage:
Administration Time(s)/Instructions:

Camp nurse use only:

Camp dates	Camp/Youth Group	Counselor/Cabin
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	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

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 _____

Print Parent/Guardian Name

Relationship

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.

Camper Name

Date of Birth

Camper Signature

Date Signed

COVID Testing to be turned in when we leave for Camp

Washington State has required that before attending any overnight camp this year, each student must be tested for COVID-19 or be fully vaccinated. If your student is fully vaccinated, please include a photo of their vaccine card with the permission forms. If they are not fully vaccinated, SCC will attempt to provide testing before camp, and if we are able to provide testing, will let you know when that testing will be held. Please provide the best way to contact you about our testing.

Parent's Name _____

Best way to contact you _____