



# Winter Camp

**When:** **What:**

## Jan 20-22

Meet at the church at 3pm on 20th, will return on 22th 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, **go to Great Wolf Lodge** and have the option to participate in activities such as mini-golf, dodgeball tournament, and a polar bear plunge.

## How Much:

**Cost:**  
 Deposit: \$100    December 14<sup>th</sup> with release  
 Balance: \$120    *Due before we leave*  
**Total Due: \$220**    *includes housing, food, transportation*  
 Need based scholarships are available, ask Keith for more details





## Middle School Winter Camp 2023 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 2023, 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 \_\_\_\_\_

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 (    ) \_\_\_\_\_

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 of those options at a time). Our menu can also be modified to exclude such 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      Tums      Cough Suppressant      Throat Spray      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 Ziploc bag labeled with the child's name & date of birth.

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).

**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** \_\_\_\_\_