

**2010 SUMMER CAMP REGISTRATION FORM  
Mountain Lakes Bible Camp**

This form may be photocopied for additional campers. One form per camper. Complete the Registration, and Health and Liability Release forms and bring or mail to the Mount Lakes Office at 4849 S. 6th Street, Klamath Falls, OR 97603.

Include a minimum **\$40 non-refundable** deposit per camper. Please print and use a black or blue pen to fill out this registration form.

Camper Name \_\_\_\_\_

Grade next Fall \_\_\_\_ Birth date \_\_\_\_\_ Age During Camp \_\_ Gender: Male \_\_ Female \_\_

Parent/Guardian (Print) \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ Daytime No. (\_\_\_\_) \_\_\_\_\_

Parent e-mail (optional) \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Emergency No. \_\_\_\_\_

Relationship \_\_\_\_\_ Home Church \_\_\_\_\_

Cabin Mate(s) Requested (max. of 4 requests) \_\_\_\_\_

Camp Session (circle one)

Day Camp, Junior Camp, Jr. Hi, Sr. Hi	\$ _____	Camp Costs: JR - \$ 150.00
Snack Shop (optional)-		SR HI- \$200.00
Recommend \$15-25	\$ _____	Day - \$110.00
		JR HI- \$180.00

Camp Picture (optional) \$5.00 \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_ Do you need your child to ride the camp provided bus?

Deposit (min. \$40.00) \$ \_\_\_\_\_

Balance Due prior to camp \$ \_\_\_\_\_ From Klamath Falls to camp? (circle one) Y N

Or Paid In Full \$ \_\_\_\_\_ Return from camp Klamath Falls? (circle one) Y N

Make checks payable to: Mountain Lakes Bible Camp

**2010 Mountain Lakes Bible Camp Health and Medical Release Form**

Camper's Name \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Date Of Last Tetanus Immunization \_\_\_\_\_

Health Concerns:   \_\_ Seizures           \_\_ Diabetes           \_\_ Asthma  
                                  \_\_ Allergies           \_\_ Depression        \_\_ ADHD  
                                  \_\_ Bed wetting        \_\_ Special Diet

Other concerns: \_\_\_\_\_

Describe current treatment/medications camper will need to receive at camp:

Please check any medications the camper **SHOULD NOT** receive:

__ Antibiotic Ointment	__ Benadryl	__ Calydryl/Benadryl
__ Chlortrimeton	__ Cough Drops	__ Dimetapp
__ Hydrocortisone Cr.	__ Ibuprofen	__ Imodium
__ Maalox Plus	__ Robitussin	__ Tylenol
__ Topical Anesthetic	__ Tums	

*This child has my permission to participate fully in the selected camp program including water activities. I hereby verify that the above information is complete and accurate to the best of my knowledge. I verify that all immunizations are up to date, and hereby grant permission for my child to receive first aid and emergency treatment by camp personnel in the event of illness or injury, or by the hospital emergency room in case I cannot be reached immediately. I voluntarily waive any claim against Mountain Lakes Bible Camp, camp personnel, or other persons transporting my child, against all liability, claims, damages, attorney fees, or expenses arising out of or in connection with any activities or the above organization. I also give permission for my child's photo or image to be used in any media presentation for Mountain Lakes Bible Camp. I agree to notify the camp of any changes prior to the camp session.*

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_