

## 2020 FATHER/KIDS CAMP REGISTRATION FORM

### Mountain Lakes Bible Camp

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

Include a minimum **\$20 non-refundable** deposit per camper/family. Please print and use a black or blue pen to fill out this registration form. You may download more forms at [www.bbckfalls.org/mlbc](http://www.bbckfalls.org/mlbc) or on the MLBC Facebook page.

**Parent/Adult Name:** \_\_\_\_\_

**Child #1 Name:** \_\_\_\_\_

Birth date \_\_\_\_\_ Age During Camp \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

**Child #2 Name:** \_\_\_\_\_

Birth date \_\_\_\_\_ Age During Camp \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

**Child #3 Name:** \_\_\_\_\_

Birth date \_\_\_\_\_ Age During Camp \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

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

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

**Phone #:** (\_\_\_\_) \_\_\_\_\_ **Alternate Ph. #:** (\_\_\_\_) \_\_\_\_\_

**Parent E-mail** \_\_\_\_\_

**Home Church** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Relationship** \_\_\_\_\_

## 2020 Mountain Lakes Bible Camp Health and Medical Release Form

**Adult Camper's Name:** \_\_\_\_\_

Is the above adult the legal guardian of the children listed on the previous page? Yes No N/A

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

Health Concerns:   ☐ Seizures                ☐ Diabetes                ☐ Asthma  
                         ☐ Allergies                ☐ Depression                ☐ ADHD  
                         ☐ Bed Wetting                ☐ Special Diet

Other health concerns for you or for children attending with you:

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

<input type="checkbox"/> Antibiotic Ointment	<input type="checkbox"/> Benadryl	<input type="checkbox"/> Calydryl/Benadryl
<input type="checkbox"/> Chlortrimeton	<input type="checkbox"/> Cough Drops	<input type="checkbox"/> Dimetapp
<input type="checkbox"/> Hydrocortisone Cr.	<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Imodium
<input type="checkbox"/> Maalox Plus	<input type="checkbox"/> Robitussin	<input type="checkbox"/> Tylenol
<input type="checkbox"/> Topical Anesthetic	<input type="checkbox"/> Tums	

It is my intention that I, and any family members attending with me, plan to participate fully in the selected camp program. 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 for myself and my children (if applicable) who are attending a sponsored camp at Mountain Lakes Bible Camp, 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 or am incapacitated. 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 myself and/or 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 adult camper/ parent or guardian** \_\_\_\_\_ **Date** \_\_\_\_\_