

2021 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.MountainLakesCamp.org 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 _____

Balance Sheet

Camp Session (circle one):

Father/Son Father/Daughter (Cost: \$110. \$40 for each additional child)

Registration Amount: \$ _____

Additional Children: \$ _____

Deposit: \$ _____

Or Paid In Full \$ _____

Please make checks payable to:
Bible Baptist Church - MLBC

2021 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:

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

☐ Antibiotic Ointment ☐ Benadryl ☐ Calydryl/Benadryl

☐ Chlortrimeton ☐ Cough Drops ☐ Dimetapp

☐ Hydrocortisone Cr. ☐ Ibuprofen ☐ Imodium

☐ Maalox Plus ☐ Robitussin ☐ Tylenol

☐ Topical Anesthetic ☐ 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** _____