

LAKEWOOD PARK BIBLE CAMP

DEVILS LAKE, ND



YOUTH SUMMER CAMPS

2014 REGISTRATION FORM

PLEASE READ ALL DETAILS IN CAMP BROCHURE BEFORE COMPLETING THIS FORM

CAMPER INFORMATION

Last Name: _____ First Name: _____
 Gender: M F Birthdate: ____/____/____ Age: _____ Grade (fall 2014): _____ (camps are based on grade in fall)
 Address: _____ City _____ St _____ Zip _____
 Phone: () _____ - _____ Church (that you are coming with): _____

SELECTIONS - TUITION - EXTRAS

Circle Camp Selection: **Junior High Camp** (Grades 6-9 // July 7-11) **Senior High Camp** (Grades 9-12 // July 14-18) **Kids Camp** (Grades 3-6 // July 21-25)
 Desired Cabin Mates: 1. _____ 2. _____
 Select Appropriate Tuition:

- \$59 Junior High Camp // Registration due by Sunday, June 22nd. (NO LATE REGISTRAION ACCEPTED)
 - \$59 Senior High Camp // Registration due by Sunday, June 29th. (NO LATE REGISTRAION ACCEPTED)
 - \$15 For those attending **Junior High or Senior High Camp** who have **NEVER** attended a camp at Lakewood Bible Camp previously.
 - \$59 Kids Camp // Registration due by Sunday, July 6th. (NO LATE REGISTRAION ACCEPTED)
- Additional Items:**
- \$10 Pre-buy your Camp T-Shirt! Adult Size: S M L XL 2X Child Size (kids camp only): M L
 - \$10 Pre-buy a Snack Shop/Camp Store punch card! (no refund for remaining balance)
 - \$8 Pre-buy your Camp Videos on a DIGITAL DOWNLOAD CARD! (card has instructions for downloading)

Total Paid: \$ _____ (add tuition plus additional items)

Payment Note: If coming with a church (recommended), please register with your church and return this form to them. Talk to your pastor for more info.
 If coming on your own, make check payable to NDYM, attach to this form and mail to: NDYM CAMP
 222 Woodland Ave - Devils Lake, ND 58301

CAMPER HEALTH INFORMATION (TO BE COMPLETED BY PARENT)

Parent/Guardian Name(s): _____
 Primary Phone: () _____ - _____ Secondary Phone: () _____ - _____
 Other Emergency Contact: Name: _____ Phone: () _____ - _____
 Insurance Company: _____ Policy #: _____
 Policy Holder's Name: _____ Policy Holder's Birthdate: ____/____/____

Camper Health History: (use reverse or attach additional sheet for explanation and medication details)
 Check all that apply: _____ Allergies (including food) _____ Cardiac or Kidney Problems _____ Seizures _____ Diabetic _____ Lung trouble/Asthma
 Is the camper's immunization record up to date? YES NO Date of Tetanus booster: _____ Mental/Social Disorders: _____
 Current Medications (send instructions): _____
 Penicillin or drug reactions: _____ Infectious/contagious diseases: _____
 Restricted activities and/or other health info we should know: _____
 I would describe my child's swimming ability as (check all that apply): _____ Beginner _____ Novice _____ Expert _____ Must wear life-jacket

SIGNATURES - MUST BE COMPLETED!

CAMPER'S AGREEMENT
 I have read the camp brochure and will abide by all the camp rules. Signature: _____ Date: _____

PARENTAL AUTHORIZATION AND CONSENT - LIABILITY RELEASE STATEMENT
RULES & INFORMATION: I have read the camp brochure, along with the rules, and agree to the information contained in it.
HEALTH: The above health history is correct as far as I know. I give my permission for the camp nurse/EMT to treat the above listed camper in the event of a minor illness or injury. In case of emergency and when I am unable to be contacted, I hereby give permission to the local physician selected by the camp to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery of my child. I understand that Lakewood Park Bible Camp carries supplemental emergency insurance only and I will be responsible for all costs not covered.
ACTIVITIES: I understand that by signing this form I am giving permission for the listed student to participate in all camp activities, on or off the campground, which include swimming, zip lining, low ropes course and several other activities. Every activity sponsored by the North Dakota District Council of the Assemblies of God (NDDCAG) or Lakewood Park Bible Camp (LPBC) is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in camp-related activities. They also agree not to hold NDDCAG or LPBC or its employees or volunteers liable for damages, losses and injuries to the person or property undersigned.
PICTURES & VIDEOS: We authorize NDDCAG to use our child's likeness in photographs or videos in any or all of its publications or other media. We will make no monetary or other claims against NDDCAG for use of such photos or videos.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

**LAKWOOD SUMMER CAMP. DEVILS LAKE ND.
 JR. HIGH JULY 7-11// SR. HIGH JULY 14-18// KIDS CAMP JULY 21-25
 Evangel Assembly of God**

PARENTAL CONSENT RELEASE FORM & MEDICAL AUTHORIZATION FOR DEPENDANT CHILDREN

Parents & guardians of dependant children are required to complete this form. The information requested is designed to assist Evangel Assembly of God in providing safety of participants during this trip. This form is not valid if completed by dependent child. This form must be complete by parent or legal guardian of the dependent child listed below.

DEPENDENT'S INFORMATION

Child's Name: _____ **Date of Birth:** _____
Grade: _____ **Age:** _____ **Sex: Male Female**
Cell #: _____ **T Shirt Size: S M L XL XXL**
I would like to room with: _____

GENERAL INFORMATION

Father's Name: _____ **Mother's Name:** _____
Dependent Child's Address: _____ **City/State:** _____ **Zip:** _____
Home Phone: _____ **Father's Work #:** _____ **Father's Mobile #:** _____
Father's E-mail Address: _____
Home Phone: _____ **Mother's Work #:** _____ **Mother's Mobile #:** _____
Mother's E-mail Address: _____
Preferred Emergency Contact Name: _____
Preferred Emergency Contact Phone Numbers: _____
Family Doctor: _____ **Dr.'s Phone #:** _____

INSURANCE COMPANY COVERING DEPENDENT CHILD

Insurance Provider: _____
Policy #: _____

MEDICAL QUESTIONNAIRE

Is your child presently being treated for an injury or sickness or taking any form of medication for any reason?
 Yes No If yes, explain and list any medications. _____

Is your child allergic to any type of medication? Yes No If yes, explain: _____

Does your child medically require a special diet? Yes No If yes, explain. _____

Does your child have any allergies other than medical (i.e. foods, etc.)? Yes No If yes, explain: _____

Does your child have (or has ever had) any of the following: (check all that apply and explain below)

Seizures Asthma Heart Murmur
 Diabetes Hay Fever Kidney Disease
 Other _____
 Explain _____

Does your child ever sleepwalk? Yes No

Can your child swim? Yes No

Does your child have any physical condition or illness which would prevent him/her from participating in normal, rigorous activity? Yes No If yes, explain. _____

CONSENT, CERTIFICATION AND ASSUMPTION OF RISK

I, the undersigned, being the parent or legal guardian of the dependent child named above, do hereby consent to the dependent child's participation on Evangel Assembly of God's trip, including, but not limited to, all the activities customarily associated with this trip. I am aware of the hazards and risks associated with such a trip including, but not limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence.

I waive and release any and all claims for damages which I, or my heirs or successors may have against First Assembly of God, the local church sponsoring this trip, or any agents, representatives, employees, volunteers and contractors of this organization, arising from my dependent child's death, injury or illness, or any property damage/loss occurring during the term of his or her assignment or as a result of his or her assignment. I do hereby assume all risk of death, illness or injury that my child may suffer as a result of said assignment, from those causes described above. I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration, and warrant that this commitment constitutes a legal, valid and binding obligation upon me, enforceable against me in accordance with its terms.

MEDICAL TREATMENT AUTHORIZATION

I understand that I will be notified in the case of a medical emergency involving my dependent child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the provision of necessary medical services in the event my dependent child is injured or becomes ill. I authorize the director or properly appointed staff to make emergency medical care decisions on behalf of my child, if required by law or a health care provider.

I agree to notify Evangel Assembly of God in the event of any health changes that would restrict my dependent child's participation in this trip. I understand that the adult supervisors reserve the right to restrict my dependent child from any activity that they do not feel is within the physical capabilities of my dependent child. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE FOR MY CHILD AS MY OWN FREE ACT.

(Signature of Parent/Guardian)

(Date)

Signature of Parent/Guardian)

(Date)

(Signature of Dependant)

(Date)

DEPARTURE TIME FOR CAMP IS AT 10 AM ON MONDAY OF THE WEEK OF CAMP WHICH YOUR CHILD IS ATTENDING. PLEASE PLAN ON ARRIVING TO THE CHURCH AT LEAST 30 MINUTES BEFORE DEPARTURE.