

38400 Bluewater Road
Grand Rapids, MN 55744
218-326-6058
office@bluewatercamp.com

Bluewater Covenant Bible Camp Camper Registration

OFFICE USE ONLY
_____Deposit
_____Paid In Full
_____Date Received

ALL REGISTRATIONS AND \$50 NON-REFUNDABLE DEPOSITS ARE TO BE SENT TO THE LOCAL COVENANT CHURCH.

1. Fill out the Registration Form.
2. Make out a check (\$50 non-refundable deposit) to the local Covenant church or Bluewater Covenant Bible Camp.
3. Print and Send the Registration and check to local Covenant church or Bluewater Covenant Bible Camp. Please do not send by email.
 - Contact your local Covenant Church to find out information about camper scholarships.
 - Individual registrations are not confirmed.
 - **Youth camps begin at 1 p.m. Camper pick-up is between 12:00-1:00 on the last day.**
 - Campers will receive a free t-shirt for attending camp.

Transportation:

- Camper registration fees do not include transportation fees.
- Transportation is available through your local Covenant Church.
- Please contact one of these Covenant churches to register for a bus to Bluewater.

Baudette - 218-634-1827	Bemidji - 218-751-3699
Crookston - 218-281-2264	Grand Forks - 701-772-1884
International Falls - 218-283-3663	Kennedy - 218-674-4336
Lancaster - 218-762-7901	Roseau - 218-463-3420
Teien/ Drayton - 701-454-3353	Thief River Falls - 218-681-4449
Viking - 218-523-4735	Warren - 218-745-4191

Camper Name:

Parent/ Guardian Name #1:

Parent/ Guardian Name #2:

Parent E-mail:

Address:

City: State: Zip:

Home Phone: Cell Phone:

Work Phone:

Which Covenant Church is closest to you? (See list above, or write N/A if needed): f

Camper Birth Date: Age: Gender:

Grade Entering This Fall:

Camp Attending:

If possible, I would like to be in a cabin with .

****PLEASE LIST ONLY ONE PERSON.**** One of the benefits of camp is to meet new people, plus the benefit of being with a friend in the cabin. Each camper will find out his/her cabin assignments upon arrival at camp. To be placed with a friend of your choice, both camper and friend must request each other as cabin buddies. Please sign up for no more than one cabin buddy. There is no guarantee that clusters of friends will be placed together in cabins because we deal with many circumstances: cabin size, number of counselors, number of campers of each gender, age, and more.

Medical Information:

Health Insurance Company:

Insurance ID #:

Group #:

Please indicate if your child has problems with any of the following:

- Asthma Diabetes Seizures Life Threatening Allergies
- Long Term Medication Mental Health Issues

Activity Restrictions/ Special Needs:

Medications being taken:

****Please send medications in original bottle with detailed instructions*

Immunization Record is current. Yes No

Other Health Concerns:

In case of emergencies notify:

Phone #:

Do you plan on riding the Bus/Van to and from camp? Buses leave from Roseau (stopping in Baudette), Thief River Falls (stopping in Bemidji) and International Falls. Yes/No:

Do you have any allergy or medical concerns you want to share with the BUS COORDINATOR(S)? (If you choose to write anything here, it will be passed on to your local camp coordinator and the regional bus coordinator.

You must read and sign the contract. If the signed contract is not attached with your registration, your spot at camp will not be held.

Contract:

- I understand that every effort will be made to protect and safeguard all campers. I agree not to hold Bluewater Covenant Bible Camp liable for any illness or mishap from any cause whatsoever.
- I also give the Bluewater Covenant Bible Camp full authority in dealing with problems of discipline. I understand that any camper disregarding camp rules, is subject to being sent home with no refund of camp fees. I understand that any camper who willfully destroys property will be held responsible and charged accordingly.
- In case of emergency, if I cannot be contacted, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, as named above.
- I have disclosed to Bluewater Covenant Bible Camp all medical issues and medications that my child has or is using.
- I have read the brochure and will obey the rules of Bluewater Covenant Bible Camp.
- I give Bluewater Covenant Bible Camp permission to use comments, photos, and video of the camper named above in it's promotional materials.
- I understand Bluewater Bible Camp cell phone policy. I agree to turn in my cell phone at time of registration. If not turned in and camp staff need to take away, I understand there will be a \$25 fee to receive the phone back at the end of camp.
- I have read the brochure and will obey the rules of Bluewater Covenant Bible Camp.

Signature of Parent/ Guardian: _____ Date:

Signature of Camper: _____ Date:

Please print and sign the registration, then send a non-refundable \$50 deposit check to the local Covenant Church or Bluewater Covenant Bible Camp to reserve your registration.