Bluewater Covenant Bible Camp

**38400 Bluewater Road**

**Grand Rapids, MN 55744**

**218-326-6058**

[**office@bluewatercamp.com**](mailto:office@bluewatercamp.com)

OFFICE USE ONLY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Deposit

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Paid In Full

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Received

Camper Registration

**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:**

**\*\*Transportation for the Red River Valley will be different this year. The bus hub which in the past has been Thief River Falls may be changing. We will update you when the details are finalized. Your local Covenant church will have information as well.**

• Camper registration fees do not include transportation fees.

• Please contact one of these Covenant churches to register for transportation 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

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| --- |
| 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): |
|  |
| 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

Allow Staff to give over the counter first aid (Ex: Tylenol, sunscreen, Triple Antibiotic, Ibuprofen, etc.)?

Yes  No

Other Health Concerns:

In case of emergencies notify:       Phone #:

Do you plan on riding the bus to and from camp? [A bus leaves from Roseau (stops in Baudette); A van leaves from International Falls, and the bus hub for the Red River Valley is TBD.] Yes  No

**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.**