

Bluewater Covenant Bible Camp Camper Registration

OFFICE USE ONLY
_____ Deposit
_____ Paid In Full
_____ Date Received

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. Please do not send by email.
 - Contact your local Covenant Church to find out information about camper scholarships.
 - Youth camps begin at 1 p.m. and Camper pick-up is between 12:00-12:30 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
 - Crookston - 218-281-2264
 - International Falls - 218-283-3663
 - Lancaster - 218-762-7901
 - Teien/Drayton - 701-520-1033
 - Viking - 218-523-4735
 - Bemidji - 218-751-3699
 - Grand Forks - 701-772-1884
 - Kennedy - 218-674-4336
 - Roseau - 218-463-3420
 - Thief River Falls - 218-681-4449
 - Warren - 218-745-4191

Camper Name: _____

Parent/Guardian Name #1: _____ Parent Guardian Name #2: _____

Parent Email: _____ Phone #1: _____

Phone #2: _____ Phone #3: _____

Address: _____ City/State/ZIP: _____

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

Camper Birth Date: _____ Age: _____ Gender (Circle one): M F

Grade entering in the 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 now 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 #: _____

Dietary Restrictions: Please explain (There is an additional charge of \$10 for Scouts, and \$15 for Trailblazers, and \$20 for Explorers and older campers for dietary restrictions requiring accommodation such as gluten free or dairy free.)

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: (If so, please list) _____

Medications being taken: _____

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

Immunization Record is current Yes No

Allow camp staff to give over the counter first aid (band-aids, tylenol, etc.) Yes No

Other Health Concerns: (If so, please list) _____

In case of emergencies, notify: _____ Phone #: _____

Do you plan on riding the Bus/Van to and from camp? Circle One: Yes No

Buses leave Roseau (stopping in Baudette), Stephen (starts at Larson Farms, stopping at Home of Economy in Grand Forks, Ampride in Crookston, and Bemidji if room) and International Falls. ***Circle the bus stop where you will get on/off.**

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 its promotional materials.
- I understand Bluewater Covenant Bible Camp's cell phone policy. I agree to turn in my cell phone at the 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.

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.