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.
 - 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 - 701-454-3353

Viking - 218-523-4735

Bemidii - 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

Gender:

Camper Name:				
Parent/ Guardian N	ame #1:			
Parent/ Guardian N	ame #2:			
Parent E-mail:				
Address:				
City:	State:		Zip:	
Home Phone:		Cell Phone:		
Work Phone:				

Age:

Camper Birth Date:

Camp Attending:

Grade Entering This Fall:

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.

Phone #:	Medical Information:
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:	Health Insurance Company:
Group #: Please indicate if your child has problems with any of the following: Asthma	
Asthma	
Asthma Diabetes Seizures Life Threatening Allergies Long Term Medication Mental Health Issues	$\operatorname{dioup} \pi$.
Asthma Diabetes Seizures Life Threatening Allergies Long Term Medication Mental Health Issues	Please indicate if your child has problems with any of the following:
Long Term Medication	
Activity Restrictions/ Special Needs: Medications being taken:	
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:	
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In case of emergencies notify: Phone #: 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 understand Bluewater 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.	
Other Health Concerns: In case of emergencies notify: Phone #: 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.	***Please send medications in original bottle with detailed instructions
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Signature of Parent/ Guardian: Date:	I have read the brochure and will obey the rules of Bluewater Covenant Bible Camp.
	Signature of Parent/ Guardian: Date:
Signature of Camper: 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.

Bluewater Covenant Bible Camp 38400 Bluewater Road Grand Rapids, MN 55744 218-326-6058

chad@bluewatercovcamp.org