



Remember, you can register online:
www.warmlakecamp.org

REGISTRATION

NOTE: Please use a separate form for each camper. Return to Registrar **before June 2nd to save \$40!**
 Make checks payable to "Warm Lake Camp." A \$10 service charge will be assessed to returned checks.

CAMP ATTENDING: <input type="checkbox"/> Junior Boys and Girls <input type="checkbox"/> Primary <input type="checkbox"/> High School <input type="checkbox"/> Junior High					
NAME:		PARENT/ GUARDIAN:		CHURCH:	
ADDRESS:		CITY:	STATE:	ZIP:	PHONE:
EMAIL:		DATE OF BIRTH:	GRADE NEXT FALL:	AGE:	GENDER:
TRANSPORTATION BUS UP: <input type="checkbox"/> Yes <input type="checkbox"/> No From:		TRANSPORTATION BUS HOME: <input type="checkbox"/> Yes <input type="checkbox"/> No To:		OTHER TRAVEL ARRANGEMENTS:	
PREFERRED CABIN MATE:		ADULTT-SHIRT SIZE: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		MEDIA RELEASE? <input type="checkbox"/> Yes <input type="checkbox"/> No	

WARM LAKE CAMP HEALTH & LIABILITY RELEASE FORM

MEDICAL INSURANCE COMPANY:		PHONE:	POLICY HOLDER:	POLICY NUMBER:
FAMILY PHYSICIAN:		PHONE:	DATE OF LAST TETANUS BOOSTER:	
LIST ANY RESTRICTIONS, PHYSICAL IMPAIRMENTS AND NECESSARY LIMITATIONS OF ACTIVITIES:				
MEDICALLY REQUIRED DIETARY RESTRICTIONS: (DOCTOR'S NOTE REQUIRED)				
ALLERGIES TO FOOD, MEDICATION OR BEE STINGS? DESCRIBE ALLERGY AND REACTION:				
PAST PERTINENT MEDICAL HISTORY:				
HAVE YOU BEEN UNDER THE CARE OF A PHYSICIAN IN THE PAST YEAR? IF SO, PLEASE EXPLAIN:				
ANY OTHER USEFUL INFORMATION REGARDING THIS CAMPER:				

Return this Registration along with your pre-registration (or full payment) and signed release form (below) to the Registrar: First Baptist Church, Warm Lake Camp, 221 E. Linden St., Caldwell, ID 83605. NOTE: Registrations without signed release form will **NOT** be accepted and will have to be resubmitted.

MEDICATION POLICY: Medications brought to camp **MUST** be checked in with the health supervisor. All prescription medication **MUST** be in the original container with the campers name, medication and directions clearly marked on the pharmacy label. All over the counter medications **MUST** be in the original container and accompanied by parental instructions. Medications sent in unmarked bottles, containers, Ziploc bags, etc., will **NOT** be administered.

PLEASE LIST ANY MEDICATIONS THAT WILL BE SENT WITH YOUR CAMPER:
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The following medications are stored at camp and administered when needed by the health supervisor.

CROSS OUT ANY MEDICATIONS THIS CAMPER SHOULD NOT RECEIVE: Aspirin • Benadryl • Calamine Lotion • Chlor-trimeton • Dimetapp • Hydrocortisone Cream • Ibuprofen/Motrin • Imodium • Mylanta Neosporin Ointment • Robitussin Cough Syrup • Sudafed • Throat Lozenges • Topical Anesthetic • Triaminic • Triple Antibiotic Cream • Tylenol
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MEDICAL TREATMENT & LIABILITY RELEASE: I authorize the health supervisor on duty at Warm Lake Camp to administer first aid as required for illness or injury. In case of an emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by Ore-Ida CBA Inc. Warm Lake Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above. I voluntarily waive any claim against Warm Lake Camp, camp personnel, or other persons transporting my child against all liability, claims, damages, attorney fees, and expenses arising out of or in connection with any activities of the above organization.

SIGNATURE OF PARENT/GUARDIAN:	DATE:
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