



warm lake camp
 escape the ordinary, be captured by God

Remember, you can register and pay your deposit online:

www.warmlakecamp.org

REGISTRATION

NOTE: Please use a separate form for each camper. Return to Registrar before June 7th to Save \$40! Make checks payable to "Warm Lake Camp." A \$20 service charge will be assessed to returned checks.

CAMP ATTENDING:					<input type="checkbox"/> High School		<input type="checkbox"/> Junior High		<input type="checkbox"/> Elementary		<input type="checkbox"/> Primary	
NAME:				PARENT/ GUARDIAN:				CHURCH:				
ADDRESS:				CITY:		STATE:		ZIP:		PHONE:		
EMAIL:				DATE OF BIRTH:		GRADE NEXT FALL:		AGE:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
TRANSPORTATION ON BUS TO CAMP: <input type="checkbox"/> Yes <input type="checkbox"/> No From:		TRANSPORTATION ON BUS FROM CAMP: <input type="checkbox"/> Yes <input type="checkbox"/> No To:		OTHER TRAVEL ARRANGEMENTS:								
PREFERRED CABIN MATE:				ADULT T-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				

Media Release: By checking "yes", I authorize Warm Lake Camp, Inc. or its representative to photograph, take motion pictures of, take video footage of, and/or make electronic sound recordings of the camper listed on this form. I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by WArm Lake Camp, Inc. I understand that the camper listed on this form may be identifiable from such photographic or electronic reproduction.

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:							



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Return this Registration along with your pre-registration (or full payment) and signed release (below) to:

Warm Lake Camp Registrar
% First Baptist Church
221 E. Linden
Caldwell, ID 83605.

*NOTE: Registration forms without a signed release 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:

The following medications are stored at camp and administered when needed by the health supervisor.

PLEASE CROSS OUT ANY MEDICATIONS THIS CAMPER **SHOULD NOT** RECEIVE:
Aspirin • Benadryl • Calamine Lotion • Chlortrimeton • Dimetapp • Hydrocortisone Cream •
Ibuprofen/Motrin • Immodium • Mylanta Neosporin Ointment • Robitussin Cough Syrup • Sudafed •
Throat Lozenges • Topical Anesthetic • Triaminic • Triple Antibiotic Cream • Tylenol

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, expenses arising out of or in connection with any activities of the above organization.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____