

# Fir Point Bible Camp Summer 2023

## REGISTRATION FORM

### Camper Information

---

Name (first and last): \_\_\_\_\_ Check one:  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Church you Attend: \_\_\_\_\_

Shirt size: Youth size  S  M  L Adult size  S  M  L  XL  2XL

You may write the name of ONE camper that you wish to share a cabin with. Please note that this does not guarantee that you will be in the same cabin as this camper.

Cabin Mate Choice: \_\_\_\_\_

### Camp Attending:

*Parents may choose between the camp for the grade the camper just completed or the grade they will enter in the fall.*

High School Camp  7th - 8th Grade Camp  5th - 6th Grade Camp  3rd - 4th Grade Camp

### Parent / Guardian Information

---

#### Parent / Guardian #1

Name (first and last): \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Does this phone receive texts?  Yes  No

Email: \_\_\_\_\_

#### Parent / Guardian #2

Name (first and last): \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Does this phone receive texts?  Yes  No

Email: \_\_\_\_\_

### Drop-Off & Pick-Up Information

---

#### Who will be PICKING UP camper from camp?

*If this information changes before pick-up, call ahead and let us know.*

*(if camper will be riding on the Christmas Valley bus, write "CV bus driver")*

Name (first and last): \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Phone (if different from parent): \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Does this phone receive texts?  Yes  No

# Fir Point Bible Camp Summer 2023

## MEDICAL FORM

### Basic Information

---

Camper name (first and last): \_\_\_\_\_ Check one:  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Emergency Contact (in case parent can't be reached)

Name (first and last): \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Does this phone receive texts?  Yes  No

### Physician & Insurance Information

---

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policyholder: \_\_\_\_\_

Group ID #: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Health History

---

Camper health and medical information need to be made known to the camp. Camp personnel will hold this information in confidence. If space is insufficient, please use the "Notes" section at the end of this form.

Severe reactions to food, bee stings?  Yes  No

If yes, please explain \_\_\_\_\_

Restrictions of activity due to disability or for medical reason?  Yes  No

If yes, please explain \_\_\_\_\_

Any allergies?  Yes  No

If yes, please explain \_\_\_\_\_

Any special diet needs? (Diabetic, food allergies, etc.)  Yes  No

If yes, please explain \_\_\_\_\_

Other medical conditions the camp staff should be aware of?  Yes  No

If yes, please explain \_\_\_\_\_

## Medications

---

All Medications (including "over-the-counter" meds) must be turned in to the camp medic at registration. No medications will be distributed without their ORIGINAL container. If additional space is required, please use the "Notes" section at the end of this form.

### Medicine #1

Medicine: \_\_\_\_\_

Dose: \_\_\_\_\_ Condition: \_\_\_\_\_

Instruction: \_\_\_\_\_

---

### Medicine #2

Medicine: \_\_\_\_\_

Dose: \_\_\_\_\_ Condition: \_\_\_\_\_

Instruction: \_\_\_\_\_

---

## Medication Permission

---

Please check all medicines which you give the nurse permission to administer.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Acetaminophen / Tylenol | <input type="checkbox"/> Antacid / Roloids | <input type="checkbox"/> Hydrocortisone Cream |
| <input type="checkbox"/> Ibuprofen / Motrin      | <input type="checkbox"/> Benadryl          | <input type="checkbox"/> Calamine / Caladryl  |
| <input type="checkbox"/> Mylanta                 | <input type="checkbox"/> Throat Lozenges   | <input type="checkbox"/> Topical Anesthetic   |
|  | <input type="checkbox"/> Neosporin         |   |

Allergic to any medication?  Yes  No

If yes, please explain \_\_\_\_\_

---

## Other Medical Information

---

Use the space below to NOTE any additional medical concerns.

---

---

---

---

---

### Next step

Please sign the attached Release Form and return all completed forms to Fir Point Bible Camp by either mailing to **Joyce Miller, Fir Point Bible Camp, 127 Fortune Branch Rd, Glendale, OR 97442** or scanning them into your computer and emailing to **info@firpoint.net**. If the camp you plan to attend is less than one week away call **541-832-2202** for instructions.

# Fir Point Bible Camp Summer 2023

## RELEASE FORM

### Basic Information

---

Camper Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

### Parent / Guardian Agreement

---

- 1) I affirm that the information recorded on the corresponding Registration and Medical forms (either attached or filled out Online) is correct to the best of my knowledge, and the person described above has permission to engage in all camp activities except as noted on those forms.
- 2) I understand and agree that should it be necessary for my child to return home due to medical reasons or disciplinary action, I will assume all transportation costs.
- 3) I understand this is an interdenominational Christian event and will have a spiritual emphasis.
- 4) I understand and agree that Fir Point may use any photo or video of my family, taken at camp, in publications or Online, and I release my right to any kind of remuneration for said photos or videos.
- 5) I understand that the following items are NOT to be used by campers during camp and will be turned in at check-in and returned after camp: Phones, Tablets, Computers, Portable Game Consoles, MP3 players, Radios, CD Players, Music Streaming Devices, Pogo Sticks, Scooters, Skateboards, Bikes. I also understand that these following items are NOT allowed at camp: Firearms, Knives, Weapons of any kind, Illegal Drugs, Tobacco, Alcohol, Marijuana.

### Parent/Guardian Signature

X \_\_\_\_\_ Date \_\_\_\_\_

### Emergency and Liability Release

---

- 6) I understand all activities are completely voluntary and recognize the inherent risk of injury in all scheduled camp activities.
- 7) I understand that Fir Point has taken proper safety measures, including having certified nursing staff on site, and grant permission for my child to receive first aid and emergency treatment by the camp medic in the event of illness or injury, or by the hospital emergency room in case I cannot be reached immediately.
- 8) I understand and have made my child aware of the importance of knowing and abiding by the camp rules and regulations, and I voluntarily waive any liability claim against Fir Point and camp personnel for damages, attorney fees, or expenses arising out of, or in connection with, any activities of the above organization.
- 9) I understand transportation of my child to and from camp (and any liability thereof) is my responsibility, and not that of Fir Point.
- 10) I understand that any completed Registration and/or Medical forms may be photocopied to have a set available for transportation records and for the Fir Point office.

### Parent/Guardian Signature

X \_\_\_\_\_ Date \_\_\_\_\_

**--> SIGN THIS FORM AND BRING IT WITH YOU TO CAMP <--**