Fir Point Bible Camp | Summer Camp

REGISTRATION FORM

Current Date: ____/____/_____

Camper Information

Name (first and last): _____ Check one: ▢ Male ▢ Female

Date of Birth: ____/____/_____ Grade: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Street 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: _____ - _____ - _____ Email: _____

Parent / Guardian #2

Name (first and last): _____ Relationship to Camper: _____

Phone: _____ - _____ - _____ 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

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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 it 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 Bible Camp 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 Bible Camp 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 Bible Camp.
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 <--

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MEDICAL FORM

Current Date: ____/____/_____

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.

- ▢ Acetaminophen / Tylenol
- ▢ Ibuprofen / Motrin
- ▢ Mylanta
- ▢ Antacid / Rolaids
- ▢ Benadryl
- ▢ Throat Lozenges
- ▢ Neosporin
- ▢ Hydrocortisone Cream
- ▢ Calamine / Caladryl
- ▢ Topical Anesthetic

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 attatched Release Form and return all completed forms to Fir Point Bible Camp by either mailing to **Fir Point Bible Camp, P.O. Box 1050, Glendale, OR 97442** or scanning them into your computer and emailing to **firpointinfo@gmail.com**. If the camp you plan to attend is less than one week away, please call ***541-832-4241*** for instructions and to make sure there is still space.