

Please read all details in the camp brochure before completing this form.

CAMPER INFORMATION

Last Name: _____ First Name: _____
 Gender: M F Birthdate: ____/____/____ Age: _____ Grade (Fall 2018): _____ (camps are based on grade in fall)
 Address: _____ City: _____ St: _____ Zip: _____
 Phone: () _____ - _____ Church Attending With: _____ Church City: _____


SELECTIONS - TUITION - EXTRAS


Circle Camp Selection: **Junior High Camp** Grades 6-9 // July 9-13 **Senior High Camp** Grades 9-12 // July 16-20 **Kids Camp** Grades 3-6 // July 23-27

Desired Cabin Mates: 1. _____ 2. _____

Select Appropriate Tuition: \$144 Early Registration (*must be postmarked by June 18 to qualify - same date for all camps*)

\$169 Late / At The Door Registration (*all registrations after June 18*)

Additional Items:  \$10 Pre-buy your Camp T-Shirt!
Adult Size: S M L XL 2X **Child Size** (kids camp only): M L

 \$10 Pre-buy a \$10 Snack Shop/Camp Store Card! (*no refund for remaining balance*)

 \$20 Pre-buy a \$20 Snack Shop/Camp Store Card! (*no refund for remaining balance*)

 \$10 Pre-buy Camp Sports Bottle (\$.25 refills @ the Snack Shop all week)

Total Paid \$ _____ (*add tuition, plus additional items*)

Payment Note: If coming with a church (recommended), please register with your church & return this form to them. Talk to your pastor for more info.

If coming on your own, make check payable to NDSM, attach to this form and mail to:

NDSM CAMP
 222 Woodland Ave
 Devils Lake, ND 58301

CAMPER HEALTH INFORMATION - MUST BE COMPLETED BY PARENT/GUARDIAN

Parent/Guardian Name(s): _____ Mother Father Legal Guardian

Primary Phone: () _____ - _____ Secondary Phone: () _____ - _____

Other Emergency Contact - Name: _____ Relation to Participant _____ Phone: () _____ - _____

Family Physician: _____ Family Physician Phone: () _____ - _____

Insurance Company: _____ Policy #: _____

Policy Holder's Name: _____ Policy Holder's Birthdate: ____/____/____

Health History: (Use space on next page for explanation and medication details. Explanation required for checked items.)

Please check YES or NO to the following lead questions—if the response is YES you will have below to add more detail.

Does Participant have **CHRONIC HEALTH ISSUES** Yes No

Does Participant have **DIET RESTRICTIONS** Yes No

Does Participant have **ACTIVITY RESTRICTIONS** Yes No

Date of Last Tetanus: _____

Are Participant's immunizations current? Yes No

Does the Participant **SLEEP WALK?** Yes No

	CONDITION	YES	NO	
1	Asthma/Lung Trouble			Inhaler? Yes No
2	Diabetes			
3	Epilepsy/Seizures			
4	Cardiac or Kidney Problems			
5	Orthopedic			
6	Fainting			
7	Bleeding			
8	Bee Sting Allergy			Epi Pen? Yes No
9	Peanut/Nut Allergy			Epi Pen? Yes No
10	Other Food Allergy			Epi Pen? Yes No
11	Drug Allergy			Epi Pen? Yes No
12				

CAMPER HEALTH INFORMATION – CONTINUED

Does the Participant have any physical condition or illness which would prevent him/her from participating in rigorous activity? Yes No

Does the Participant have **MENTAL/SOCIAL DISORDERS**? Yes No
If yes, please explain: _____

Is the Participant presently being treated for an injury or sickness or taking any form of **medication** for any reason? Yes No

If yes, please explain: _____

Please list medications, foods, or environmental allergens that Participant is allergic to and the allergy reaction if not mentioned above: _____

Please list any and all diseases, serious illness, injuries and surgeries the Participant has or has had: _____

Permission is given for over-the-counter medication to be administered to participant as directed per age/weight as deemed appropriate by camp nurse. Yes No

Does the Participant require any medications to be administered? Yes No

If yes, please list below all medications with dosage, frequency/time and reason for dispensing.

*All prescription medications must be in the original container with pharmacy label including patient name, physician name, medication name, prescription number, date prescribed, dosage to be administered by the camp nurse. Any over-the-counter vitamins, herbs, and enzymes must also be brought to the nurse station to be administered to Participant.

MEDICATION	DOSAGE	FREQUENCY	REASON

Additional Health Notes: _____

***BOTH SIGNATURES – MUST BE COMPLETED BY PARENT & STUDENT**

CAMPER’S AGREEMENT: I have read the camp brochure and will abide by all the camp rules. My signature below is my agreement to comply.

***CAMPER SIGNATURE:** _____ **DATE:** _____

PARENTAL AUTHORIZATION AND CONSENT – LIABILITY RELEASE STATEMENT

RULES & INFORMATION: I have read the camp brochure, along with the rules, and agree to the information contained in it. **Parents – please review the rules in the brochure with participants.** Lack of cooperation, unnecessary roughness, lack of respect for property, unlawful activity or an unwholesome attitude on the part of any Participant will result in expulsion from camp. Immediate arrangements for Participant pick-up from camp will be the responsibility of the parents.

MEDICAL TREATMENT AUTHORIZATION: We, THE PARENTS AND/OR GUARDIANS OF Participant (“Parents”), and Participant (if 18 or over) understand that the undersigned Parents will be notified in the case of a medical emergency involving the Participant. However, in the event that Parents, or either of us, cannot be reached, and/or if Participant 18 or over is unable to make decisions, we authorize the calling of a doctor and the providing of necessary medical services in the event the Participant is injured or becomes ill. We authorize any one or more of the following persons to make emergency medical care decisions on behalf of the Participant, if required by law or a health care provider: Camp director or their authorized designee.

Parents and Participant (if 18 or over) understand that Lakewood Park Bible Camp and NDDCAG or any of their agents, employees, or volunteers, shall not be responsible for medical expenses incurred on the basis of this authorization. We hereby agree to hold harmless, defend and indemnify Lakewood Park Bible Camp and NDDCAG, its parents, subsidiaries and affiliates, board members, officers, employees, agents and volunteers from all obligations, damages, losses, attorney’s fees, defense costs, demands, investigations, actions, liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, including the negligence or gross negligence of Lakewood Park Bible Camp and NDDCAG (collectively claims) that may be asserted by anyone and that has any relation to the Participant to the fullest extent permitted by law. It is our express intention to defend, indemnify and hold harmless Lakewood Park Bible Camp, and NDDCAG from all claims arising out of or resulting from or in any manner relating to the treatment, medical or otherwise, of Participant. We agree to notify NDDCAG in the event of any health changes which would restrict the Participant’s participation in any activities. We also understand that NDDCAG and Lakewood Park Bible Camp’s representative(s) reserve the right to restrict the Participant from any activity for any reason.

ACTIVITIES: I understand that by signing this form I am giving permission for the listed student to participate in all camp activities, on or off the campgrounds, which include zip lining, low ropes course and several other activities. Every activity sponsored by the North Dakota District Council of the Assemblies of God (NDDCAG) or Lakewood Park Bible Camp (LPBC) is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in camp-related activities. They also agree not to hold NDDCAG or LPBC or its employees or volunteers liable for damages, losses and injuries to the person or property undersigned.

PICTURES & VIDEOS: We authorize Lakewood Park Bible Camp and NDDCAG to use our child’s likeness in photographs or videos in any or all of its publications or other media. We understand that the Participant’s image may be edited, copied, exhibited, published, or distributed and we hereby waive the right to inspect or approve the finished produced. We will make no monetary or other claims against NDDCAG for use of such photos or videos.

*A photocopy or facsimile of this authorization shall be as valid as the original.

***PARENT OR GUARDIAN SIGNATURE:** _____ **DATE:** _____