

2019

Abba's Child Application



BIG LAKE YOUTH CAMP

2019

Abba's Child Application

Camper's name \_\_\_\_\_

First

MI

Last

**Abba's Child**

Abba's Child is a one-week overnight camp for children ages 10-17 who have had a sibling, parent, or close relative die recently. This camp is offered once at no cost to the camper. **If your child has attended Abba's Child camps in the past please enroll them in a regular camp** (scholarships are available if needed).

Experiencing the death of an immediate family member can be overwhelming, and our hope is that this camp will assist campers in knowing they are not alone as they deal with new and sometimes scary feelings. The goal is to provide Abba's Child campers with healthy learning, fun, and friendships that extend into their everyday lives.

Abba's Child offers tremendous fun and adventure for kids in a secure Christian environment. Campers will have the opportunity to enjoy summer camp activities such as horseback riding, archery, canoeing, sailing, swimming and other surprises. Two hour support group sessions are scheduled daily for children to interact with peers who are facing similar loss. Art, crafts, music, story telling, writing, and games are designed to assist with healing.

Abba's Child campers will be at camp during a normal camp session but will have their own special counselors. They will experience the best of Big Lake Youth Camp with the other campers and, in addition, will have special activities geared to their needs and experiences. Parents and/or guardians may contact Big Lake Youth Camp for further information.

**Please sign "Consent & Authorization" on back of form and mail or fax application. If paying the \$75 deposit by check, enclose with application & mail. If faxing/emailing application, send check separately. We cannot process application without deposit.**

Big Lake Youth Camp  
19800 Oatfield Rd  
Gladstone OR 97027-2546

Business Office Phone: (503) 850-3583  
Business Office Fax: (503) 850-3483  
Camp Phone: (503) 850-3562  
Business Email: office@biglake.org

**STEP 4**

**Food allergies** - Please list any food allergies or dietary restrictions

- Allergy: \_\_\_\_\_
- Sensitivities: \_\_\_\_\_
- Dietary restrictions: \_\_\_\_\_

**STEP 5**

**Alternate pick-ups**

When being picked up from Big Lake Youth Camp or one of our bus stops, campers will only be released to persons listed on their approved alternate pick-up list. Any individual picking up a camper will be required to show ID before the camper is released into their care. This check-out process is for your camper's safety. We cannot send your child home by any mode other than what you have indicated on this form unless you, the parent or guardian, give us written and signed permission. If someone other than the parent/guardian or the names listed here as an alternate pick-up is to pick up your camper, please send a signed and dated note with your camper to camp. Please list here authorized alternate pick-ups.

**Alternate pickup & contact 1**

First & last name \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

**Alternate pickup & contact 2**

First & last name \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

**Alternate pickup & contact 3**

First & last name \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

**STEP 6**

**Payment options**

One check, money order, or Visa/MC payment for each application is advised. For ease of registration, we suggest you include full payment with this application. There is a \$40 charge for returned checks. Final payment and changes to reservation must be made 14 days prior to camp. Reservation must be paid in full before camper is checked in to camp.

I will be paying by \_\_\_ cash \_\_\_ check \_\_\_ Visa or \_\_\_ MasterCard \_\_\_ Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing address \_\_\_\_\_ Billing zip code \_\_\_\_\_

Cardholder's name \_\_\_\_\_

Cardholder's phone \_\_\_\_\_

Cardholder's signature \_\_\_\_\_ Date \_\_\_\_\_

\$ \_\_\_\_\_ **Amount enclosed/authorized to charge**

**STEP 1**

**Abba's Child**

Please select the session of Abba's Child you would like to attend

Camp	Age	Date	Price
___ Abba's Child Junior	10-12	June 30-July 7	Free
___ Abba's Child Teen	13-17	July 28-August 4	Free

**STEP 2**

**Transportation**

Please check all that apply. Transportation on the Big Lake bus is \$75 roundtrip, \$40 one way.

I will travel **to camp** on the Big Lake bus from:  
\_\_\_ Gladstone \_\_\_ Roseburg \_\_\_ Salem \_\_\_ Springfield

I will travel **from camp** on the Big Lake bus to:  
\_\_\_ Gladstone \_\_\_ Roseburg \_\_\_ Salem \_\_\_ Springfield

I will travel \_\_\_ **to camp** and \_\_\_ **from camp** by my own transportation.

**STEP 3**

**Fees**

- \$ FREE Abba's Child Fee (one year only)
- \$ \_\_\_\_\_ Bus Fare, \$75 Roundtrip, \$40 One Way
- \$ \_\_\_\_\_ Week in Review Video (will be emailed), \$10
- \$ \_\_\_\_\_ Spending Money for the Big Lake Mall, suggested \$25-\$80
- \$ \_\_\_\_\_ Donation to Big Lake's Campership Fund
- + \$ \_\_\_\_\_ Donation to Big Lake's Abba's Child Program
- \$ \_\_\_\_\_ **Total due**

**STEP 7**

**About the camper:**

Please tell us, in just a little paragraph, about your loss.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship of camper to person in family who died: \_\_\_\_\_

**STEP 8**

Camper's name \_\_\_\_\_ Age at camp \_\_\_\_\_ Birth date \_\_\_\_\_ Sex: M F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ W H C

Secondary contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ W H C

E-mail address \_\_\_\_\_ Contact preference  Mail  Email

Legal guardian \_\_\_\_\_ How/where did you hear about camp \_\_\_\_\_

Home church \_\_\_\_\_ Pastor's name \_\_\_\_\_

**2019**

**Consent & Authorization**

**All parents/guardians must sign the consent & authorization. Please print clearly.**

**Consent to Medical Treatment and Authorization to Release Information**

We, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor under the general or special instructions of the family physician, \_\_\_\_\_, Whose phone number is \_\_\_\_\_, or any physician the camp may call, whether such diagnosis or treatment is rendered at the office of said physician, at a licensed hospital, or at the camp. It is understood that in the case of a major accident or illness, reasonable effort will be made to reach the doctor listed above before any other physician is called by the camp.

- It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Big Lake Youth Camp or the physician to exercise their best judgment as to the requirement of such diagnosis or treatment.
- We hereby authorize any hospital or physician, or any other person who has attended or examined said minor to furnish the camp's insurance company or its representative any and all information with respect to any illness, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records.
- I hereby give my consent for said camper to participate in regular Big Lake Youth Camp activities including archery, art, the Blob, BMX biking, Camp Olympics, canoeing, Capture the Flag, digital photography, drama, geocaching, gymnastics, horseback riding, Mt. biking, rock climbing, the Rocket, sailing, sports, survival adventure, swimming, videography, wakesports, and windsurfing.
- I hereby give my consent for said camper to ride a designated Big Lake bus or, in occasional circumstances, a camp-approved private vehicle for any camp-related activities.
- I release all photos and videos taken for Big Lake Youth Camp promotions.
- I do support and agree to abide by all camp regulations and policies and to uphold its objectives.
- A photo copy of this authorization shall be considered as effective and valid as the original.
- This consent shall remain in continuous effect until revoked in writing or until said minor is removed by the parent or guardian from the care of Big Lake Youth Camp.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**Indemnity Form**

The primary emphasis of Abba's Child is to provide an opportunity to share experiences, make connections with others who have experienced similar losses, learn coping strategies and above all, relax and enjoy nature. The programs presented are not intended to be used as a substitute for physician or psychiatric care. Participants understand that by enrolling, they are agreeing to voluntarily and remain responsible for their own physical and emotional choices. By signing this registration, you are agreeing to release and hold harmless Big Lake Youth Camp, Oregon Conference of Seventh-day Adventists and its affiliated entities and their employees, volunteers and representatives from any and all liability.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Important: Medical information**

In planning for the camping season we have endeavored to create as safe an environment as possible, while still allowing for campers to experience adventure and be challenged physically. A nurse and physician and/or EMT are on site and available 24 hours a day, 7 days a week for medical needs. In the event a camper needs medical attention the consent to medical treatment will be used. It must be completed and signed before we can accept the application. Every effort will be made to contact the parent/guardian for any accident or illness.

**Office use only**

Date received \_\_\_\_\_

Date processed \_\_\_\_\_

Processed by \_\_\_\_\_

Notes: