



Camper's Name _____
Last First MI

Please sign "Consent & Authorization" on back of form and mail or fax application and deposit to:
Big Lake Youth Camp Business Office Phone: (503) 850-3583
19800 Oatfield Rd. Business Office Fax: (503) 850-3483
Gladstone, OR 97027-2546 Camp Phone: (503) 850-3562
For more info. and to register online, please visit www.biglake.org

STEP 1

REG Camp

Rank your first, second and third choice REG Camp by marking 1, 2 and 3 next to the camp. In the event your first choice is not available, you will be placed in your second choice, etc.

Camp	Age	Date	Fee
___ Junior 1	10-12	June 26-July 3	\$455
___ Junior 2	10-12	July 3-10	\$455
___ Junior 3	10-12	July 10-17	\$455
___ Adventure	7-9	July 17-22	\$405
___ Tween	11-13	July 24-31	\$455
___ Teen 1	13-17	July 31-August 7	\$455
___ Teen 2	13-17	August 7-14	\$455

STEP 2

Activity Selection

Rank you first, second and third choice REG Camp activity by marking 1, 2 and 3 next to the activity. In the event your first choice is not available, you will be placed in your second choice, etc. Adventure Campers do not sign up for an activity.

- | | |
|-------------------------|------------------------|
| ___ Archery | ___ Mountain Biking |
| ___ Arts | ___ Rock Climbing |
| ___ BMX Biking | ___ Sailing |
| ___ Canoeing | ___ Sports |
| ___ Digital Photography | ___ Survival Adventure |
| ___ Drama | ___ Swimming/Blob |
| ___ Geocaching | ___ Videography |
| ___ Guitar* | ___ Waterski/Wakeboard |
| ___ Gymnastics | ___ Windsurfing |
| ___ Horsemanship | |

* Available only during Tween, Teen 1 and Teen 2

STEP 3

Cabin Mate Request

Friends signing up for the same camp and activity may request to be cabin mates. Every effort is made to accommodate requests, but we cannot make any guarantees.

Your Friend's Name

STEP 4

Transportation

Please check all that apply. Transportation on the Big Lake bus is \$60 roundtrip, \$30 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 5

Food Allergies

Please list any food allergies or dietary restrictions

STEP 6

Fees

- \$ _____ REG Camp Fee
 \$ _____ Bus Fare, \$60 Roundtrip, \$30 One Way
 \$ _____ Week in Review DVD, \$10
 \$ _____ Spending Money for the Big Lake Mall, suggested \$25-\$80
 + \$ _____ Donation to Big Lake's Campership Fund
 \$ _____ **Fees Total**

Discounts

- \$ _____ \$95 Adventist Discount
For members of the Oregon Conference of Seventh-day Adventists
 \$ _____ \$25 Paid-In-Full Discount
If reservation is paid in full before 12:00am PST on March 1, 2016
 + \$ _____ \$10 Multiple Child Discount
\$10 off per camper after first child. Does not apply to Family Camp 1, 2, or Family RAD
 \$ _____ **Discounts Total**

Total Due

- \$ _____ Fees Total
 - \$ _____ Discounts Total
 \$ _____ **TOTAL DUE**

STEP 7

Payment

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. Please note, minimum deposit of \$200 is due upon registration for reservation to be processed, \$75 is non-refundable. There is a \$40 charge for returned checks. Final payment and changes to reservation must be made 7 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

Card # _____ Exp. Date _____

Security Code _____ Billing Zip Code _____

Cardholder's Name _____

Cardholder's Phone _____

Cardholder's Signature _____ Date _____

\$ _____ **Amount Enclosed/Authorized to Charge**

Note: Minimum deposit of \$200 due upon registration for reservation to be processed, \$75 non-refundable.

STEP 8

Contact Info

Camper's Name _____ Age at Camp _____ Birth Date _____ Sex: M F
 Address _____ City _____ State _____ Zip _____
 Father's Name _____ Home Phone _____ Work/Cell _____
 Mother's Name _____ Home Phone _____ Work/Cell _____
 E-mail address _____
 Parents' Marital Status: Married Divorced Single Widowed Legal Guardian _____
 Religious Denomination _____ Home Church _____ Pastor's Name _____

STEP 9

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.

First & Last Name _____ Phone _____ Alt. Phone _____
 First & Last Name _____ Phone _____ Alt. Phone _____
 First & Last Name _____ Phone _____ Alt. Phone _____

2016

Consent & Authorization Form

All parents/guardians must sign the consent & authorization form. 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 _____

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.

Cancellation Policy

1/2 Camp Fees/Rentals:
 Refunds, less the non-refundable \$75 processing fee, will be given until midnight 14 days prior to camp. If cancellation request is made within 14 days prior to camp, a 50% refund will be issued on camp and rental Fees.

Office Use Only

Date Received _____
 Date Processed _____
 Notes: