

2017

Family Camp Application



2017

Family Camp Application

Please sign "Consent & Authorization" on back of form and mail or fax application and deposit to:

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

For more info. and to register online, please visit www.biglake.org

Primary Contact Name _____

Family Camp 1 and 2

Family Camp is a great and affordable way to enjoy nature, experience outdoor activities and reconnect with your family. Get the total camp experience without the stress of arranging activities or cooking meals. Stay in one of our A-frame cabins on our main campus, spend your days canoeing, riding horses, waterskiing, and more, and enjoy our nightly programs filled with singing and plays.

Family RAD

For families looking for an extreme family vacation, come enjoy tent camping and outdoor adventures in beautiful Central Oregon! Spend two days rock climbing and rappelling at world-renown Smith Rock State Park and one day rafting the wild waves of the Deschutes River. Come build unforgettable memories with the entire family and our amazing RAD Camp staff. This 4-day camp features tent camping away from Big Lake Youth Camp's main campus. Ages 6 and up.

STEP 3

Cabin Request

Please list any cabin requests. Every effort is made to accommodate requests, but we cannot make any guarantees.

STEP 4

Camp Fees

# Adults 13+	_____	X Fee \$	_____	=	\$	_____		
# Ages 6-12	_____	X Fee \$	_____	=	\$	_____		
# Ages 2-5	_____	X Fee \$	_____	=	\$	_____		
# Under 2	_____	X Fee \$	FREE	=	+	\$	FREE	
						Camp Fees Total	\$	_____

Additional Fees

Week in Review Video (via email):	\$10	\$	_____	
Donation to Big Lake's Campership Fund		\$	_____	
Donation to Big Lake's Abba's Child Program		\$	_____	
Unrestricted Donation	+	\$	_____	
		Additional Fees Total	\$	_____

Fees Total

Camp Fees Total	\$	_____		
Additional Fees Total	+	\$	_____	
		Fees Total	\$	_____

Discounts

Discount Code	_____	\$	_____	
		Discounts Total	\$	_____

Total Due

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

STEP 5

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 \$100 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 \$100 due upon registration for reservation to be processed, \$75 non-refundable.

STEP 1

Family Camp

Please select the Family Camp you would like to attend

Camp	Date	Fee
____ Family Camp 1	August 16-20	\$160, Adults 13+ \$110, Ages 6-12 \$85, Ages 2-5 FREE, Under 2
____ Family Camp 2	August 23-27	\$160, Adults 13+ \$110, Ages 6-12 \$85, Ages 2-5 FREE, Under 2
____ Family RAD	August 27-30	\$260, Adults 13+ \$190, Ages 6-12

Step 2

Attendees

Name _____

Age at Camp _____ Birthdate: _____ Gender: M F

Name _____

Age at Camp _____ Birthdate: _____ Gender: M F

Name _____

Age at Camp _____ Birthdate: _____ Gender: M F

Name _____

Age at Camp _____ Birthdate: _____ Gender: M F

Name _____

Age at Camp _____ Birthdate: _____ Gender: M F

Name _____

Age at Camp _____ Birthdate: _____ Gender: M F

STEP 6

Contact Information

Primary Contact _____ Age at Camp _____ Birth Date _____ Sex: M F

Primary Contact's Husband/Wife _____ Age at Camp _____ Birth Date _____ Sex: M F

Marital Status: Married Divorced Single Widowed

Mailing Address _____ City _____ State _____ Zip _____

Primary Contact Phone _____ Alt Phone _____

Primary Contact Husband/Wife Phone _____ Alt Phone _____

Primary Contact E-mail address _____

Religious Denomination _____ Home Church _____ Pastor's Name _____

STEP 7

Food Allergies - If anyone in your group has food allergies or dietary restrictions, please list the individual's name and the allergy or dietary restriction

2017 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: