

2017

RAD Camp Application



BIG LAKE
YOUTH CAMP

2017

RAD 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

Camper's Name _____
Last First MI

STEP 1

RAD Camp

Rank your first, second and third choice RAD 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
___ Golf	13-17	June 25-July 2	\$510
___ Wakesports 1	13-17	June 25-July 2	\$510
___ White Water Rafting 1	13-17	June 25-July 2	\$560
___ White Water Rafting 1 RAD to Staff	15-17	June 25-July 2	\$610
___ Mountain Biking	13-17	July 2-9	\$540
___ SIT (Staff in Training)	15-17	July 2-9	\$310
___ Surf 1	13-17	July 2-9	\$560
___ Ultimate RAD	13-17	July 2-9	\$540
___ Ultimate RAD to Staff	15-17	July 2-9	\$590
___ Wakesports 2	13-17	July 2-9	\$510
___ WIT 1 (Wrangler in Training 1)	15-17	July 2-9	\$310
___ High Desert Wakesports 1	13-17	July 9-16	\$510
___ Rock Climbing	13-17	July 9-16	\$540
___ Rock Climbing RAD to Staff	15-17	July 9-16	\$590
___ CIT (Counselor in Training)	15-17	July 16-21	\$260
___ WIT 2 (Wrangler in Training 2)	15-17	July 16-21	\$260
___ Advanced Rock Climbing	13-17	July 16-23	\$540
___ Advanced Rock Climbing RAD to Staff	15-17	July 16-23	\$590
___ High Desert Wakesports 2	13-17	July 16-23	\$510
___ Horse Trail Extreme	13-17	July 16-23	\$510
___ Wakesports 3	13-17	July 23-30	\$510
___ White Water Rafting 2	13-17	July 23-30	\$560
___ White Water Rafting 2 RAD to Staff	15-17	July 23-30	\$610
___ Back Country Adventure	13-17	July 30-August 6	\$540
___ Back Country Adventure RAD to Staff	15-17	July 30-August 6	\$590
___ Basketball	13-17	July 30-August 6	\$510
___ RAD Praise	13-17	July 30-August 6	\$510
___ Soccer	13-17	July 30-August 6	\$510
___ Volleyball	13-17	July 30-August 6	\$510
___ Wakesports 4	13-17	July 30-August 6	\$510
___ Surf 2	13-17	August 6-13	\$560
___ Wakesports 5	13-17	August 6-13	\$510
___ White Water Rafting 3	13-17	August 6-13	\$560
___ White Water Rafting 3 RAD to Staff	15-17	August 6-13	\$610

STEP 2

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 3

Food Allergies

Please list any food allergies or dietary restrictions

STEP 4

Fees

- \$ _____ RAD Camp Fee
- \$ _____ \$50 wetsuit and surfboard rental, optional for Surf RAD Camp
- \$ _____ \$80 golf club rental, optional for Golf RAD Camp
- \$ _____ Bus Fare, \$60 Roundtrip, \$30 One Way
- \$ _____ Week in Review Video (via email), \$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, 2017
- + \$ _____ \$10 Multiple Child Discount
\$10 off per camper after first child. Does not apply to Family Camp 1, 2, or Family Camp
- \$ _____ **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 \$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 6**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 7**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 _____

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: