

Office Use Only

DO NOT WRITE IN THIS SECTION

Cost is \$ _____ . (Minus \$15.00 for pre-registering) Deposit \$ _____ . Balance \$ _____

REGISTRATION FORM *Must be signed by parent and Health Form completed. Thank you.*

13-18 Yrs 11-12 Yrs 9-10 Yrs 7-8 Yrs

Please register for only one camp per form and one camper per form. (For your convenience you may copy this form.)

FIRST _____ LAST _____ M _____ F _____ AGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: Home (_____) _____ - _____ Church _____

E-mail _____ Parent Name _____

Request up to two friends you want to be placed with if possible. 1 _____ 2 _____

I will cheerfully observe all camp rules and participate in all activities I am physically able to. Any violation of policies may result in termination without refund. **Camper Signature:** _____ **Parent Signature:** _____

If pre-registering, send a \$15.00 non-refundable fee to secure your place to: Cocolalla Lake Bible Camp P.O. Box 106 Cocolalla, ID 83813

PLEASE MAKE CHECKS PAYABLE TO: COCOLALLA LAKE BIBLE CAMP

Photo, Press, Audio and Electronic Media Release for Minors I, Parent/Guardian of _____, hereby consent that the photographs and/or motion picture or videotape for which s/he poses, and/or audio recordings made of her/his voice may be used by Cocolalla Lake Bible Camp, its assignees or successors, in whatever way they desire, including television and electronic media. Furthermore, I hereby consent that such photographs, films, recordings, plates and tapes are the property of CLBC, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they may desire free and clear of any claim whatsoever on my part.

Signature: _____ **Date:** _____

ALL CAMPERS WILL SIGN UP FOR SKILLS AS A CABIN
This will allow opportunities for participation in a greater number of activities for each camper.

| Teen Camp: | 11/12 Camp: | 9/10 Camp: |
|----------------------------|----------------------------|----------------------------|
| Possible Activities | Possible Activities | Possible Activities |
| All Star Sports | Archery | Archery |
| Archery | Arts and Crafts | Arts and Crafts |
| Arts and Crafts | Basketball | Carpet Ball |
| Canoeing | Canoeing | Dodgeball |
| Drama | Carpet Ball | Drama |
| Fishing* | Chess | Floor Hockey |
| Mountain Bikes | Dodgeball | Miniature Golf |
| Riflery | Drama | Riflery |
| Survival Training | Fishing* | Soccer |
| Water Wars | Floor Hockey | Swim Lessons |
| | Miniature Golf | Water Games |
| | Mountain Bikes | |
| | Riflery | |
| | Soccer | |
| | Volleyball | |
| | Water Games | |



***** ALL CAMPERS WILL SIGN UP FOR SKILLS AS A CABIN. This will allow opportunities for participation in a greater number of activities for each camper. *****

Special Note: The fishing skill requires a **VALID IDAHO FISHING LICENSE** for ages 14 & up. Campers **MUST** have a valid license with them at camp.

HEALTH FORM

NAME _____ AGE _____

PHONE: Home (_____) _____ - _____ Emergency (_____) _____ - _____

Allergies _____

Medications, illness or conditions staff should know about: _____

DATE OF: Recent Physical Exam ____/____/____ Recent Tetanus Shot ____/____/____

IN CASE OF EMERGENCY, I understand that after every reasonable effort is made to contact me and I can't be reached, I hereby give permission to the physician selected by the camp director or nurse to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child as named herein. I also give permission to issue over the counter medications as needed (i.e. Benadryl, Advil, Tylenol, Antacids).

FAMILY INSURANCE: _____ Policy # _____

Signature of Parent/Guardian: _____ **Date:** ____/____/____

Please contact the Food Services Manager directly with any *special dietary needs*. (208 263-3912)

Information on our Insurance: Campers are covered by insurance; however, it is secondary to the camper's family insurance policy.