



Big Lake Campmeeting Youth Camp Registration Form



Camper Name: _____ D.O.B: _____ Age: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Parent/Guardian Cell Phone: _____

Workplace: _____ Work Phone: _____

Back-up Emergency Contact Name: _____ Cell Phone: _____

Relationship: _____ Camper Shirt Size: Youth _____ or Adult _____

Home Church: _____ Camper's School: _____

Camp Fees: Scan QR to pay online or make check payable to Big Lake Campmeeting Association

Ages 8-15



_____ Overnight Camper-\$25.00 - Registered by July 1

_____ Day Camper Camp -\$25.00 - Registered by July 1

_____ Overnight Camper-\$195.00 - Registered after July 1

_____ Day Camper Camp -\$185.00 - Registered after July 1

For 2023 Youth Camp Registration fee has been reduced to just \$25.00, if registered by July 1. The balance of the tuition will be paid by a very generous donation to the Big Lake Campmeeting Association.

Registration is on a first come first served basis. Limited Registrations.

Our youth camp occupancy is governed by the State of Maine.

Need Based Scholarships Available Please Call John (513) 504-7066

**I WILL PARTICIPATE IN THE FULL PROGRAM OF BIG LAKE CAMPMEETING
AND WILL ABIDE BY ALL CAMP RULES:**

SIGNATURE OF CAMPER

Camper Check-Out: At the end of camp, your child must be signed out by an authorized adult; if none are listed in the space below the child will be released only to the parent/guardian who signs this form:

Photography Waiver: By signing this registration form I also authorize the taking of pictures of my child for camp promotion purposes.

Signature of Parent/Guardian: _____

Please return via email (preferred) to: blca@biglakecampmeeting.org or mail to: Big Lake Campmeeting c/o Donna Netzer 757 West St. Princeton, ME 04668

V-2023.01



Health Record

Camper Name: _____ D.O.B: _____ Age: _____

In case of emergency, notify: _____

Relationship: _____ Phone: _____

Other contact (optional): _____

Insurance:

Doctor's Name: _____ Phone: _____

Insurance Carrier: _____ Plan/Policy #: _____

Policy Holder/Member: _____

Camper currently has/ has had recently:

Frequent colds/sore throat: _____ Asthma: _____ Bronchitis: _____ Seizures: _____

Current Health Conditions: _____

Allergies Including Food, Respiratory, Medication and Others : _____

Other Health Concerns (recent illness, injury or surgery): _____

Behavioral/Psychological concerns or considerations (specify if applicable):

Immunizations:

Up-to-date per school requirements: Yes: _____ No: _____ Date of last Tetanus Shot: _____



Health Record (CONT.)

Please initial which over-the-counter medications may be administered by the camp nurse:

- | | |
|--|----------------------------------|
| Acetaminophen (Tylenol) _____ | Ibuprofen (Advil, Motrin) _____ |
| Tums _____ | Pepto Bismol _____ |
| Throat Lozenges _____ | Diphenhydramine (Benadryl) _____ |
| Bacitracin (Antibiotic ointment) _____ | |

If camper currently on any medications: No___ Yes___ If Yes, please specify below:

Please include what the treatment is for, time of day it is taken, strength, dosage and when next dose is due.

If camper uses an inhaler and/or epi-pen:

Due to State regulations, if you wish for your child to carry & self-administer his/her own inhaler and/or epi-pen, please download and fill out the Inhaler and/or Epi-Pen Self-Administration Form at www.biglakecampmeeting.org

IN CASE OF ACCIDENT OR ILLNESS, I HEREBY CONSENT TO THE ADMINISTRATION OF AID AND/OR MEDICATION. I ALSO CONSENT FOR TREATMENT BY A PHYSICIAN OR EMERGENCY DEPARTMENT. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THE COST OF SUCH TREATMENT.

Name of Parent/Guardian (Please Print): _____

Signature of Parent/Guardian: _____



Do you want your child to participate in swim activities? Yes ___No___

Is your child: (choose one)

A non-swimmer? _____

A novice swimmer? _____

An independent swimmer? _____

Note: non-swimmers and novice swimmers should bring a life jacket to camp



Packing List

Please do not bring:

- Cell Phones
- Any Musical Player
- Electronic Game Devices
- Clothing with Inappropriate Messages
- Two Piece Bathing Suits
- Biker Shorts
- Knives or Weapons
- Alcohol, Tobacco, or Drugs

Please bring:

- Immunization & Tetanus Records
- Medications
- Pillow
- Sleeping Bag
- Toiletries
- One Piece Bathing Suits
- Swim Shoes (Optional but Highly Recommended)
- Sunscreen
- Towels (Bath and Beach are Recommended)
- Bible
- Shoes suitable for Hiking
- Closed Toed Shoes for Field Games
- A Set of Grubby Clothes

Registration: Registration is from 2 PM - 4 PM on Sunday in the Dining Hall. Campers will receive cabin and counselor assignments at that time.

Pick Up: Youth Camp ends on Friday after the end of Evening Service. Parents and guardians are encouraged to join us for Lunch, Afternoon Activities, Dinner, and an Evening Program on Friday.

Directions: From Bangor take State Rte 9 E (Airline Road). Turn left on US-1 N toward Princeton. In Princeton, turn left onto West St. Turn right onto Big Lake Road.
223 Big Lake Rd, Princeton, ME 04668, USA
GPS Coordinates: 45.188780,-67.620194
Alt GPS Coordinates: 45°11'19.6"N 67°37'12.7"W

Emergency Contact: If an emergency arises during camp please contact Maree Holtrey (513) 259-34510 or John McRorie (513) 504-7066



Camp Big Lake Campmeeting Inhaler and/or Epi-Pen Self-Administration Form

Name: _____

I prescribe the following prescription medication to the above camper:

Medication: _____ Dosage: _____

Reason for Rx: _____ Time of Day: _____

The camper is authorized to self-administer and has been instructed in self-administration of this medication. Yes No

Signature of Physician or Nurse Practitioner

Date

Print Name of Physician or Nurse Practitioner

Phone Number

My child is authorized to self-administer and has been instructed in self-administration of this medication. Big Lake Campmeeting Association, Inc. and its employees and agents shall not be liable for any injuries resulting from the camper's self-administration of this medication.

Name of Parent/Guardian (Please Print): _____

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

This form is required in accordance with Section 5.B.4.c. and 5.B.4.d. under 10-144 CMR 208, Rules relating to youth camps, primitive and trip camping. See Big Lake Campmeeting's policy on Self-Administration of Emergency Medication if you have any questions or concerns.

Office Use Only

Technique Evaluated: YES NO

Health Staff Initials: _____