



Dickey Lake Bible Camp

and Retreat Center

Dickey Lake Bible Camp
 PO Box 11
 Trego, MT 59934
www.dickeylakebiblecamp.org
 (406) 882-4572

Mail in Registration Form

(SUBMIT ONE FOR EACH CHILD ATTENDING YOUTH CAMPS)

Camper Full Name: _____
 Male _____ Female _____ Age: _____ Grade (in the fall): _____ Birth date: ____/____/____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ Parent/Guardian Name: _____
 Father's Cell Phone: (____) _____ Mother's Cell Phone: (____) _____
 Parent/Guardian email: : _____ Camper's email: _____
 Alternate contact for emergency: _____
 Home Phone: (____) _____ Cell Phone: (____) _____
 Camp Buddy _____ Swim Skill Level _____
 Need to ride the Bus? ___Yes* ___ No Where will you meet the Bus _____.

Office use only				
Check#	Date	Amt.	Camp Store	Due

<u>CAMP OPTIONS</u>	AMT PAID	BAL DUE
Staff Training - June 27 - 30	n/a	n/a
Family Camp (all ages) July 6 - 8		
Junior Camp (entering 4-6) July 2 - 6		
JH Boys (entering 6-8) July 9 - 13		
JH Girls (entering 6-8) July 16 - 20		
High School (entering 9-12) July 23 - 27		
Young Adult (ages 18-30) July 27-29 -\$50.00		
*My child will ride the Bus to camp. *MUST be pre-paid -- \$25.00		
Camp Store Account		
TOTAL		

2018 Youth Camp Fee Structure
Register prior to May 1 = \$170
Register May 1 – June 1 = \$180
Register June 1 –before camp- \$190
Register day camp starts = \$210
First timers - \$160
Bus fee = \$25.00
Young Adult = \$50.00

**Please Review and Sign Medical Release, Activity Permission
and Media Release form on the other side**

Medical, Activity, and Media Release Form

SUBMIT ONE FOR EACH CHILD ATTENDING YOUTH CAMPS

Camper's Name: _____ DOB: ____/____/____

Parent/Guardian's Name _____

Medical issues or dietary needs _____

Emergency contact Name _____ Phone: (____) ____ - _____ Relation to Camper _____

Date of Last Tetanus shot: _____

Health Accident Insurance Provider: _____

Name Insurance Policy is under: _____

Policy Group: _____ Policy # _____

MEDICAL RELEASE: PARENT INITIAL _____

The camper herein described has my consent to participate in all camp activities, unless otherwise noted. By giving this consent, I expressly acknowledge that I have been made aware that my child may be exposed to the risks of nature and of the elements over which neither the Dickey Lake Bible Camp (DLBC) nor its staff, volunteers, and Board of Directors have control.

I hereby give permission to qualified camp staff to dispense over the counter medication except exclusions I have listed as an allergy or otherwise noted. I give permission to release the results of any of the aforementioned tests or treatment to DLBC & the staff. In the event I cannot be reached in an emergency, I hereby give permission to the physician or medical facility selected by the DLBC staff to secure emergency medical care and proper treatment for my child including but not limited to CPR, AED, and surgery. I accept responsibility for all medical and surgical treatment charges which may be incurred on my child's behalf. I accept responsibility for the cost of any prescriptions and/or related expenses for my child's care.

I am aware and have instructed my child about the importance of knowing and abiding by the camp rules and regulations. I voluntarily waive any claim against DLBC, its staff, volunteers, and Board of Directors, against all liability, claims, damages, attorney fees, or expenses arising out of any loss, personal injury, accident, misfortune, or damage to the named camper or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the named camper. I understand that DLBC has taken safety measures, including having certified staff in first aid and CPR, as well as making every effort to aid the safety of all camp participants. I am aware and have instructed my child about the importance of knowing and abiding by the camp rules and regulations.

I voluntarily waive any claim against DLBC, its staff, volunteers, and Board of Directors, against all liability, claims, damages, attorney fees, or expenses arising out of or in connection with food prepared during my/my child's stay at DLBC. I agree to notify the camp of any changes prior to the start of the camp session.

MEDIA RELEASE: PARENT INITIAL _____

I give Dickey Lake Bible Camp and Conference Center permission to use my child's likeness in photo prints, videos, PowerPoint presentations/ DVD's or on the camp website/Facebook. These images will be used for promoting the camp and its functions.

ACTIVITY RELEASE: PARENT INITIAL _____

I give my permission for _____ to participate in activities at Dickey Lake Bible Camp and Conference Center (DLBC).

To help ensure the safety of everyone, Camper agrees to obey all directions and rules given by the DLBC staff. If Camper breaks any rules, I understand that he/she could be sent home at parent/guardian's expense or not allowed to participate in certain activities during the remainder of camp.