



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)

Office use only				
Check#	Date	Amt.	Camp Store	Due

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 _____

<u>CAMP OPTIONS</u>	AMT PAID	BAL DUE
Young Adult (ages 18-30) July 2 – 4		
Family Camp (all ages) July 9 - 11		
Junior Camp (entering 3-5) July 5 - 9		
JH Boys (entering 6-8) July 12 - 16		
JH Girls (entering 6-8) July 19 - 23		
High School Week 1 (entering 9-12) July 25 - 30		
High School Week 2 (entering 9-12) Aug 1 - 6		
Back Country Camp for Guys (entering 9-12) – Aug 1 - 6		
Camp Store Account		
TOTAL		

2021 Youth Camp Rates
<u>Jr, JH Girls and JH Boys:</u>
First timers - \$170
Register prior to June 1 = \$180
Register Jun 1 – June 23 = \$190
Register June 24 –day of camp- \$220
<u>High School:</u>
First timers - \$190
Register prior to June 1 = \$200
Register Jun 1 – June 23 = \$210
Register June 24 –day of camp- \$240

Young Adult = \$50.00

Please Review and Sign Medical Release, Activity Permission and Media Release form on the other side. Your signature is required.

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 or in connection with food prepared during my/my child's stay at DLBC; any loss, personal injury, accident, misfortune, or damage to the named camper or his/her property, as well as various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, with the understanding that recommended 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 agree to notify the camp of any changes prior to the start of the camp session.

MEDIA RELEASE: PARENT INITIAL _____

I give DLBC 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 Retreat 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.

Parent/Guardian Signature _____ **date** ___ / ___ / ___