

Big Lake Campmeeting FAITHFULIBLE TEACHING Youth Camp Registration Form 2023



Camper Name:	D.O.B:	Age:	Grade:
Address:	City:	State:	Zip:
Parent/Guardian Name:	Parent/Guardian Cell P	hone:	
Workplace:	Work Phone	:	
Back-up Emergency Contact	Name:Cell Pl	hone:	
Relationship:	Camper Shirt S	Size: Youth	or Adult
Home Church:	Camper's School:		
SCAN ME For 2023 Youth Campbalance of the tuition will Registra Out	Ages 8-15 Overnight Camper-\$25.00 - Registered b Day Camper Camp -\$25.00 - Registered covernight Camper-\$195.00 - Registered covernight Camper-\$195.00 - Registered covernight Camper Camp -\$185.00 - Registered covernight Camper Camp -\$185.00 - Registered covernight Camper Camp covernight Camper C	by July 1 by July 1 after July 1 l after July 1 25.00, if registered Big Lake Campme nited Registrations State of Maine.	by July 1. The eting Association.
I WILL PA	ARTICIPATE IN THE FULL PROGRAM OF BIG L AND WILL ABIDE BY ALL CAMP RULI		(G
	SIGNATURE OF CAMPER		
Camper Check-Out: At the	end of camp, your child must be signed out by an a	an authorized adult; if none are	ne are
listed in the space below the	child will be released only to the parent/guardian wh	no signs this form:	
camp promotion purposes.	gning this registration form I also authorize the taking	ng of pictures of my	child for





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, Me	edication and Others:	
Other Health Concerns (recent illness, inju		
Behavioral/Psychological concerns or co	onsiderations (specify if applic	cable):
Immunizations:		
Up-to-date per school requirements: Yes:_	No: Date of last Tetar	nus Shot:



Health Record (CONT.)

Please initial which over-the-counter medi	ications may be administered by the camp nurse:	
Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)	
Tums	Pepto Bismol	
Throat Lozenges	Diphenhydramine (Benadryl)	
Bacitracin (Antibiotic ointment)		
Is camper currently on any medications: No_	Yes If Yes, please specify below:	
Please include what the treatment is for, time	e 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	r 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 C	ONSENT FOR TREATMENT BY A PHYSICIAN OR	
EMERGENCY DEPARTMENT. I UNDE	ERSTAND 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? YesNo
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 councilor assignments at that time.

<u>Pick Up:</u> 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.

<u>Directions:</u> 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 a	above camper:
Medication:	Dosage:
Reason for Rx:	Time of Day:
The camper is authorized to self-administer and has be	en 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 instanced medication. Big Lake Campmeeting Association, Inc. and for any injuries resulting from the camper's self-administration. Name of Parent/Guardian (Please Print):	I its employees and agents shall not be liable ation of this medication.
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 camping. See Big Lake Campeeting's policy on Self-Administration of Emergency M	
Office Use Only Technique Evaluated: YES NO Health Staff Init	ials: