

# BIG LAKE CAMPMEETING

Phone: Steve Cox 603-991-5181  
www.biglakecampmeeting.org

## Camper Registration Form

2017 Prices \$195 for overnight campers, \$185 for day campers  
10% discount for early registration (July 5th)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

I give Big Lake Campmeeting Association the right to use pictures of my child on the website. I understand there will be no identification connecting these images to my child in any way, making the images anonymous for the safety of my child.

\_\_\_\_\_  
(Parent's or Guardian's signature)

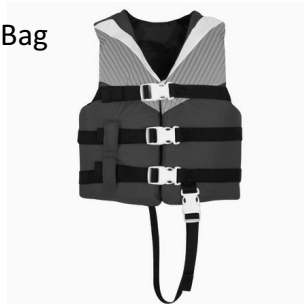
\_\_\_\_\_  
(Date)

### **Please do not bring:**

Any Musical or MP3 Player  
Cell Phones  
Electronic Game Devices  
Clothing with Inappropriate Messages  
Two Piece Bathing Suits  
Knives

### **Please bring:**

Pillow  
Sleeping Bag  
Bible  
Toiletries  
Towel  
Life vest



REV. 05.2016.1

**Send Registration to:** Big Lake Campmeeting  
600 Kimball Hill Road  
Whitefield, NH 03598

## Medical Information

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

List food allergies: \_\_\_\_\_

List medical conditions: \_\_\_\_\_

List medications with dosage and time to be given: \_\_\_\_\_  
\_\_\_\_\_

### **Medical Release:**

In case of medical emergency, I understand every attempt will be made to contact the parents or guardians. If they cannot be reached, I hereby give permission to the physician selected by the campground to hospitalize and secure medical treatment for my child.

The person enrolling at Big Lake Campmeeting, and his/her parent(s) or legal guardian(s), assume all risk of lost property or injury to the person, including injuries resulting in death caused by or incidental to dangers associated with the activities at Big Lake Campmeeting and agree that there are certain inherent dangers related to activity participation and therefore agree to hold Big Lake Campmeeting, their owners, board members, members and employees harmless and specifically agree not to make any claim against Big Lake Campmeeting Association for any of these injuries, which would normally be considered to be a normal risk associated with participation.

### **Medical Coverage:**

We have a nurse on the grounds; if participant is not feeling well or is injured, the nurse will give immediate medical assistance. If the injury requires further attention, we will take the participant to Calais Regional Hospital at which time we will contact the parent(s) or legal guardian(s). THE PARENT(S) OR LEGAL GUARDIAN(S) IS/ARE RESPONSIBLE FOR ALL HOSPITAL, PRESCRIPTION, LABORATORY AND DOCTOR FEES. Please indicate below your insurance information.

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

\_\_\_\_\_  
(Parent's or Guardian's Signature)

\_\_\_\_\_  
(Date)