



Forest Lake Baptist Camp & Conference Center
 11733 Copperhead Road
 Bloomfield, IA. 52537
 641-684-8908
www.forestlakecamp.org

Please check the camp(s) that you are interested in attending.

Grades	Dates	Postmarked May 1	After May 1
<input type="checkbox"/> Outdoor Adventure Grades 6 th -8 th	June 13-15	\$110.00	\$125.00
<input type="checkbox"/> Grades 1 st – 3 rd	June 16-18	\$110.00	\$125.00
<input type="checkbox"/> Grades 9 th -12 th	July 25-30	\$250.00	\$275.00
<input type="checkbox"/> Grades 4 th -5 th	July 11-16	\$250.00	\$275.00
<input type="checkbox"/> Grades 6 th -8 th	July 18-23	\$250.00	\$275.00
<input type="checkbox"/> Horse Camp Grades 6 th -12 th	June 26(4pm.)-28	\$135.00	\$150.00
<input type="checkbox"/> Canoe Trip Grades 6 th -12 th	July 31(4pm.)-August 2	\$80.00	\$95.00
<input type="checkbox"/> Fish Camp	June 26(4pm.) -June 28	\$80.00	\$95.00
<input type="checkbox"/> Special Needs Day Camp (fill out special needs camp form)	June 29-31	\$110.00 Opt. overnight \$150.00	\$125.00 \$165.00

Please print clearly using a ballpoint pen.

Camper's Name _____ Female ___ Male ___

Birth Date _____ Grade in Fall of 2022 _____
 Month – Day – Year

Street Address _____ City _____ State _____ Zip _____

Home Church _____

Church Address _____
 Street _____ City _____ State _____ Zip _____

Email address _____

Mother/Guardian Name _____

Address (if different from above) _____

Phone #s (Please include Area Codes) Home _____ Cell _____
 Work _____

Father/ Guardian Name _____

Address (if different from above) _____

Phone #s (please include area codes) Home _____ Cell _____
 Work _____

Emergency Contact _____ Relationship to Camper _____

Phone # _____



Limited Power of Attorney: Consent of Treatment of Minor and Release of Liability

1. In case of medical emergency, Forest Lake will make every attempt to contact a parent/guardian. If parent/guardian cannot be contacted I hereby give my permission to the physician selected by Forest Lake Camp to hospitalize and secure proper treatment for my child.
2. Additionally, all physician **prescribed medications will be dispensed to the camper ONLY if the prescription is contained in its original prescription bottle and only for the exact dosage prescribed on the bottle.**
3. I approve this registration and agree to the terms stated herein. I also give my permission for the camper to participate in all activities as they pertain to his/her camp program.
4. I release Forest Lake Camp and any of its authorized agents from any obligation of liability, actual or implied, concerning their use of the limited purpose power of attorney.
5. The undersigned certify that they have read (or had it read to them) the Power of Attorney and Release of Liability Form and that they understand the same.
6. I also understand that any photos or videos taken may be used for advertising & promotional purposes.

Parent/Legal Guardian's Signature _____

Witness' Signature _____

Witness' Address _____ City _____ State _____ Zip _____

Health Insurance Company _____ Policy # _____

Yes ___ No ___ Overall Good health and able to participate in all activities

Yes ___ No ___ Special needs, precautions _____
(Such as ADHD, ADD, bedwetting, sleep walking, emotional problems, ear plugs, etc.)

Please explain _____

Yes ___ No ___ Allergies (Foods, Medications, Bee Stings, Etc.) Please List and explain

Yes ___ No ___ Medications (List and include dosage, frequency and times)

All Medications must be turned in to camp staff at time of check-in and **MUST be in ORIGINAL** prescribed containers. It will be dispensed as directed on the bottle, unless a doctor's note advises differently.

Date of last tetanus immunization _____

The camp has my permission to administer medications and general first aid to my child as needed.

Signature of Parent/Guardian _____

* Please register 2 weeks in advance of camp to receive t-shirt*

Free T-shirt included: (Circle Size) Youth: S M L Adult: S M L X 2X



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Please mail registration forms and payments to:
FOREST LAKE BAPTIST CAMP
1173
3 Copperhead Rd.
Bloomfield, Iowa 52537-8073
Phone: 641-684-8908

Facility Use Waiver due to COVID-19

Dear Camp Leader/Coordinator/Parent,

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result; federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the size of groups of people meeting. We are doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you, your group or family members will not become infected with COVID-19.

By participating in programs, services, and activities held at Forest Lake Camp and Conference Center or Dayton Oaks Camp and Conference Center , you agree to the following:

On behalf yourself and the participants of your group/organization, you hereby release, covenant not to sue, discharge, and hold harmless Forest Lake Camp and Conference Center or Dayton Oaks Camp and Conference Center , its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any such program, service or activity. For your own safety and the safety of others, please consult the latest CDC COVID-19 Guidelines prior to your arrival on our premises. At the discretion of the Camp Management staff, you and your group may be subjected to temperature checks while on the campgrounds and if it is determined that you have a temperature of 100.4 or higher, you will be asked to leave immediately. Temperatures will be taken with a contactless thermometer.

Camp Leader/Coordinator/Parent Signature : _____

Printed Name : _____

Date: _____

Names and ages of minors under the age of 18 years old in your care (please use the back of the form for additional names):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____