



Forest Lake Baptist Camp & Conference Center  
 11733 Copperhead Road  
 Bloomfield, IA. 52537  
 641-684-8908  
[www.forestlakecamp.org](http://www.forestlakecamp.org)

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

Grades	Dates	Postmarked June 1	After June 1
<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup> grade	July 1 (4pm)-3 (4pm)	\$110.00	\$125.00
<input type="checkbox"/> 4 <sup>th</sup> -5 <sup>th</sup> grade	July 5 (4pm)-10 (4pm)	\$250.00	\$275.00
<input type="checkbox"/> Junior High (6 <sup>th</sup> -8 <sup>th</sup> grade)	July 12(4pm)-17 (4pm)	\$250.00	\$275.00
<input type="checkbox"/> High School (9 <sup>th</sup> -12 <sup>th</sup> grade)	July 26(4pm)-31 (4pm)	\$250.00	\$275.00
<input type="checkbox"/> Outdoor Adventure(6 <sup>th</sup> -12 <sup>th</sup> grade)	June 28(4pm)-July 1 <sup>st</sup> 10am	\$200.00	\$225.00

Please print clearly using a ballpoint pen.

Camper's Name \_\_\_\_\_ Female \_\_\_ Male \_\_\_

Birth Date \_\_\_\_\_ Grade in Fall of 2026 \_\_\_\_\_  
 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 # \_\_\_\_\_



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**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