

## **2021 Blue Lake Summer Camp**

**Thursday, July 15 – Saturday, July 17**

**For those completing 3<sup>rd</sup> – 6<sup>th</sup> grade (2020-2021 school year)**

**Meet at church July 15 at 8:30am/depart at 9:00am**

**Arrive back at church July 17 at 8:30pm (*estimate at this time*)**

**\* Please note that capacity is limited in the cabins due to Blue Lake's Covid protocol**

**Registration Fee: \$200**

**(\$150 for camp and \$50 for bus)**

**Your child's registration form (3 pages), notarized 2021-2022 Emergency Release form and full payment (\$200 cash or check made payable to Fairhope UMC) are due in church office no later than June 15!**

**We will be going to camp with Spanish Fort UMC's Children's Ministries.**

### **IMPORTANT REGISTRATION INFORMATION**

We will submit ALL registrants from Fairhope UMC at one time by paper registration! Online registration is not available for Summer Camp.

### **FAIRHOPE UMC 2021-2022 EMERGENCY RELEASE FORM**

Need a notary? We have two on staff – Julia Gavin and Kristin Capstraw. It is recommended to call before coming to be sure one is available (928-1148). If your child is participating in our Rocky Railway VBS, the form you turn in for VBS can be used for Summer Camp. This form will be good from June 2021 – May 2022.

### **ADULTS NEEDED TO CHAPERONE**

Children's Ministries will pay all adult registration fees. Please confirm with me that you are able to go and I'll get you an adult registration form.

### **SCHOLARSHIPS**

Scholarships for camp registration are available. Contact me for information.

If you have ANY questions, please contact Michelle Graham at 251/377-2325 or [michelle.graham@fairhopeumc.org](mailto:michelle.graham@fairhopeumc.org).

# 2021 Blue Lake Summer Camp

July 15 - 17

**Registration Fee - \$200**

(\$150 camp fee, \$50 bus fee)

## Child Registration Form

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

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

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

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

Grade Completed: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Camper Health History Form

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

First Name

Middle Initial

Last Name

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

### About health care for short term camper stays:

- At minimum, a staff member with First Aid and CPR is present at all times when campers are on property.
- Campers should arrive ready to participate in the program. If a camper is unable to participate in any part of the activities please contact our office with those details so that we may accommodate and plan accordingly.
- All medications must arrive with detailed instructions in original bottles with proper labeling bearing child's name. Medications will be dispensed by adult volunteers. Blue Lake has over the counter medications on hand to be distributed if necessary, in which case you will be contacted prior to dispensing.

Date (month and year) of child's most recent tetanus immunization \_\_\_\_\_

Is child allergic to any foods or medications? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes please name them:

\_\_\_\_\_ Intolerance: \_\_\_\_\_ Anaphylaxis: \_\_\_\_\_

\_\_\_\_\_ Intolerance: \_\_\_\_\_ Anaphylaxis: \_\_\_\_\_

\_\_\_\_\_ Intolerance: \_\_\_\_\_ Anaphylaxis: \_\_\_\_\_

Does this child have Asthma? Yes \_\_\_\_\_ No \_\_\_\_\_ If

Yes:

Will the child carry a rescue inhaler? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Will the child need staff assistance to use the inhaler? Yes: \_\_\_\_\_ No: \_\_\_\_\_

What triggers the child's asthma? \_\_\_\_\_

We will contact you if there is a question about your child's health and in an emergency. Please provide us contact information for a custodial parent who will be available via phone while your child is attending camp.

Name of Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List the Medication that your child takes on a regular basis: My child does NOT take any medication: \_\_\_\_\_

Medication: \_\_\_\_\_ Reason: \_\_\_\_\_

Medication: \_\_\_\_\_ Reason: \_\_\_\_\_

Medication: \_\_\_\_\_ Reason: \_\_\_\_\_

Please inform us of any additional information about your child's health that may impact their stay in our program:

### Parent/Guardian Authorization

This information is correct and the child described has permission to participate in all camp activities except as noted on this form, I understand that the camp has limited healthcare on site and that the staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that the information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**Agreement to Participate; Assumption of Risk and Release of Liability**  
(All participants including adults)

WHEREAS, THE UNDERSIGNED PARENT OR GUARDIAN wishes to have their child be accepted for participation in the Blue Lake United Methodist Assembly experience:

The undersigned acknowledge(s) that during the said Blue Lake United Methodist Assembly program for the Winter Retreat that their child or person(s), for whom they have responsibility, has requested to participate in, those certain risks and dangers may occur. These include, but are not limited to hazards of traveling wooded terrain, ropes course, using water borne craft such a canoe, accident or illness in a remote place with medical facilities eighteen (18) miles away, and travel by various conveyance. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting from other types of outdoor activities. I further understand that in allowing my child or the person to whom I have responsibility to participate in camping activities he/she will be exposed to the elements of nature, including temperature extremes, and inclement weather. I further understand that medical treatment may be several minutes to an hour away in the event of a medical emergency.

I certify that my child or the person for whom I am responsible for, is healthy enough (both physically and emotionally) and capable of participating in this Blue Lake United Methodist Assembly program. I have listed on the Health Form any medical conditions that Blue Lake United Methodist Assembly, Inc., should be aware of which may hinder my child, or the person for whom I am responsible for, from participating in any particular activity. However, I understand that it is solely my parental or guardian responsibility to determine whether there is any medical reason that my child or the person for which I am responsible for, should not participate in the Winter Retreat Camping Program at Blue Lake United Methodist Assembly, Inc.

In consideration of, and as part payment for the right to participate in such a camping program and the services and food arranged for my child or person for whom I am responsible for, by Blue Lake United Methodist Assembly, Inc., Directors, Officers, Employees, Agents, and/or Associates I have and do hereby assume all the above risk and any other ordinary risk incidental to the nature of the Blue Lake United Methodist Assembly program which is not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether from bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with by camp or participation in any other activities arranged for me by Blue Lake United Methodist Assembly, Inc., its Directors, Officers, Employees, Agents and/or Associates, and their heirs, executors and administrators, successors and assigns and for all members of my family, including any minors accompanying me. In short, I cannot sue Blue Lake United Methodist Assembly, Inc., and if I do, I cannot collect any money. In addition, I will be liable for Attorney and Court fees associated with any litigation against Blue Lake United Methodist Assembly, Inc. I also state that my child or the person for whom I am responsible for, nor I, am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that my child's, and/or the child for whom I have responsibility for, physical activity involves risk of injury. I also understand that my child's or person for whom I have responsibility for, participation in Blue Lake United Methodist Assembly, Inc., program is entirely VOLUNTARY. I enter my child, or the person for whom I have responsibility for, enter into this Blue Lake United Methodist Assembly, Inc., program and take full responsibility for my decision for him/her to participate or not to participate and agree to follow all safety instructions.

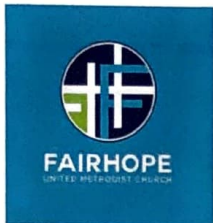
Name of Participant: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 2021-2022 Children's Ministries Emergency Release



I/We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of the child listed below, a minor, and have given consent for him/her to participate in the Children's Ministries at Fairhope United Methodist Church. In the event that he/she is injured attending any event of this ministry and requires attention of a doctor, I/we consent for such medical treatment and/or surgery to be given and preformed to and upon my child as appear to be reasonably necessary in the exercise of prudent medical judgement of a licensed doctor of medicine (i.e. M.D.). In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize Michelle Graham, Director of Children's Ministries, and/or other representatives of

Fairhope United Methodist Church to give such consent for me/us if I/we cannot be reached by telephone at one of the numbers below, or, because of emergency, there is not time or opportunity to make a telephone call and understand that I will be contacted as soon as possible. In the event it becomes necessary for that person to give consent for me/us, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from giving such consent so as the treatment is administered by or under the supervision of a licensed physician. In this regard, it is understood that any medical, hospital and/or surgical expenses which may be incurred as a result of treatment recommended by any such doctor will be borne by me/us. Further, I/we affirm that all information on this form is current and accurate.

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

### CHILD INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

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

2021-2022 School Year Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Known Allergies: \_\_\_\_\_ Approx. Date of Last Tetanus Shot: \_\_\_\_\_

Medications now taking: \_\_\_\_\_

Permission to give Tylenol: Yes | No Advil: Yes | No

Chronic Medical Conditions: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### PARENT INFORMATION

Parents' or Legal Guardian's Full Name: \_\_\_\_\_

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

**Mother's Contact Information:** Email: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Father's Contact Information:** Email: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Person to contact in case of emergency if parent cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I give permission for my child's picture to be taken for use in Fairhope United Methodist Church's printed materials, website, social media; local newspapers, etc. Yes | No

STATE OF ALABAMA  
COUNTY OF BALDWIN

SUBSCRIBED and SWORN TO before me on this \_\_\_\_ day of \_\_\_\_, 20 \_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

This form will expire on June 1, 2022. At that time, a new form will need to be completed and notarized.