

Deeper Life Bible Camp Registration
PO Box 27 Blackduck, MN 56630

First Name _____ Last Name _____ Date of Birth _____ Grade Entering _____

Address _____ City _____ State _____ Zip _____ Camper E-Mail _____

Parent/Guardian _____ Home Phone _____ Work Phone _____

Home Church & Denomination _____ Pastor's Name _____

Church Address _____ City _____ State _____ Zip _____

Social Worker(if applicable) _____ Office Phone _____ Home Phone _____

Week Long Camps: \$125.00, with a \$60 non-refundable deposit due by May 15th. If pre-registered by May 15th, you may choose either a \$10 discount or a Free Camp T-shirt. If neither is marked, you will be given the discount.
\$10 Discount _____ Free T-shirt _____
 Registration starts on Sunday at 4PM and ends on Saturday at 10AM

Primary Camp: \$40.00, with a \$20 non-refundable deposit due by May 15th. All campers pre-registered will receive a fee camp t-shirt. Please indicate what size shirt. Shirt Size _____
 Registration starts on Monday at 10AM and ends on Wednesday at 10AM

Campers First Time at DLBC with _____ I wish to Bunk _____

Top Bunk Acceptable from _____ *It is our policy to avoid as much as possible, a group of **THREE** or more the same church or area in the same cabin.

Racial/Ethnic History

_____ American Indian/Alaskan Native _____ Asian _____ Black/African American _____ Caucasian/White
 _____ Native Hawaiian/Pacific Islander _____ Hispanic/Latino _____ Non-Hispanic/Latino _____ Other

Will Be Attending:

Sr. II (11th & 12th Grades) June 14th - 20th, 2009 Sr. I (9th & 10th Grades) June 21st - 27th, 2009
 Primary (1st & 2nd Grades) June 29th--July 1st, 2009 Junior I (3rd & 4th Grades) July 5th - 11th, 2009
 Junior II (5th & 6th Grades) July 12th - 18th, 2009 Jr. High (7th & 8th Grades) July 19th - 25th, 2009

Health History/Medical Information (Side One-Complete both sides)

The camper's health insurance is responsible for any illness while at camp. DLBC provides accident excess insurance. This means that any medical bill resulting from injury must first be sent to your insurance carrier. All prescriptions must be paid by camper.

Camper's Name _____ Cabin Assignment _____

Parent/Guardian _____ Home Phone _____ Work Phone _____

Health Insurance Company _____ Employee Group Number _____

In case of an emergency, if I am unable to be reached. Please Notify:

Name _____ Relationship _____ Number _____

Name _____ Relationship _____ Number _____

I, hereby, give my permission to DLBC to authorize medical treatment for my child. Parents will be notified first if possible.

1. DLBC is a Christian camp. Therefore, we ask all campers and staff to seek to HONOR CHRIST in conduct, speech, and all other ways. Please bear in mind that, as a BIBLE CAMP, our desire is to be pleasing to God.
2. All campers and staff must first check in at the registration desk for assignment of cabins.
3. RESPECT one another, camp buildings, and equipment. For maximum enjoyment, get to know the other campers and staff as quickly as possible.
4. Parent/guardian permission to leave the grounds for outside activities or appointments must be submitted in writing at the time of registration and are subject to the director's approval. **Any camper who leaves the grounds without permission from parents/guardian and the director is subject to being sent home with no refund.**

5. Report all illnesses and injuries to your cabin counselor immediately. The camp nurse will be in charge of all decisions made for treatment. NO MEDICATIONS are allowed in the cabins at any given time, with inhalers being the exception. Please check all medication in with the camp nurse upon registration. This is in accordance with Minnesota State Law.
6. All spending /offering money must be deposited in the camp bank. We are not responsible for lost or stolen money.
7. Learn the camp SCHEDULE quickly. Respond promptly to all bells and attend all camp activities.
8. Campers and staff are expected to dress appropriately for the various activities (meals, games, swimming, chapel, etc). Sometimes the things we wear and the way that we wear them can communicate things about us that we don't intend and can also be a great distraction to others.
9. The following items cannot be used or brought to camp: IPODs, radios, radio/CD alarm clocks, video games, CD players, tape players, computers, pagers, cell phones, firecrackers, water balloons, squirt guns, paintball guns, and accessories, or knives or any other type of weapon. If they are brought to camp, your counselor shall turn them in to the director for safe keeping until you go home. DLBC is not responsible for damage to or loss of any items of great value you might bring to camp.
10. Campers and staff will not be permitted to have access to the telephone, except in case of emergency. In that case, the director will be responsible for the call. If in case of illness or injury, the camp nurse will be responsible to call home. Staff personal calls shall be calling card/collect calls only and made when free of other responsibilities.
11. Your assigned cabin is your home for the week. Do not enter another cabin without the counselor's permission. In cases of emergency it is important to be with your cabin so that we can account for you.

Your camp director and staff have been chosen by the DLBC Board/Committees, and have agreed to represent Deeper Life Bible Camp, Inc. in ministering to campers. All campers and staff must respect and follow the directors leadership. This policy will be enforced through the last moment of your camping session.

The director shall have the responsibility of discipline:

1. 1st Offense Verbal Warning from Director
2. 2nd Offense Camper/staff will be sent home with **NO** refund/payment.

For the safety of all campers and staff, DLBC is patrolled by security staff and the Beltrami County Sheriff's Department throughout the sleeping hours and as needed at other times.

I have read the above rules and policies, and with God's help I plan to respect and abide by them.

Campers Signature _____ Parents Signature _____ Date _____

If party other than parent is responsible for any portion of the registration fee please indicate it below.

Party responsible _____ Amount _____

Pre-registration: Date Rec'd _____

Cabin _____

Assignment: _____

Check # _____ Cash _____ Amount _____

Discount _____ or T-shirt _____

Health History/Medical Information (Side Two-Complete both sides)

Please check if your camper has any of the following: [] Asthma [] Heart Problems [] Epilepsy [] Headaches
 [] Bed Wetting [] Bowel Habits [] Allergies [] Other-please specify _____

Minnesota State Law requires ALL campers to be fully immunized. [] Immunizations are up to date. Last tetanus shot _____

All Medications Brought to Camp must be labeled and put into a ziplock bag with the camper's name on it. There must also be written instructions for the camp nurse. Medications/Instructions _____

No medications will be given to your campers without written permission by parent/guardian. **THIS INCLUDES OVER-THE-COUNTER MEDICATION.** We are under the same laws and policies as the schools of Minnesota.

[] Yes [] NO Deeper Life Bible Camp may give Tylenol or non-aspirin product as needed for headache/pain.

Parent/Guardian Signature _____

Date _____