

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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Entering \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

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:** \$130.00, with a \$70 non-refundable deposit due by May 15<sup>th</sup>. If pre-registered by May 15<sup>th</sup>, you may choose either a \$10 discount or a Free Camp T-shirt. **Make sure to specify shirt size below.**  
 If neither is marked, you will be given the discount.  
**\$10 Discount** \_\_\_\_\_ **Free T-shirt** \_\_\_\_\_ **Shirt Size** \_\_\_\_\_ Youth or Adult  
 \*\*Registration starts on Sunday at 4PM and ends on Saturday at 10AM\*\*

**Primary Camp:** \$50.00, with a \$25 non-refundable deposit due by May 15<sup>th</sup>. All primary campers pre-registered will receive a fee camp t-shirt. Please indicate what size shirt. Youth Shirt Size \_\_\_\_\_  
 \*\*Registration starts on Thursday at 4PM and ends on Saturday following lunch\*\*

Campers First Time at DLBC  
 Top Bunk Acceptable

I wish to Bunk with \_\_\_\_\_  
 \*It is our policy to avoid as much as possible, a group of **THREE** or more from 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:**

<input type="checkbox"/> Sr. II (11 <sup>th</sup> & 12 <sup>th</sup> Grades) June 17 <sup>th</sup> - June 23 <sup>rd</sup> , 2012	<input type="checkbox"/> Sr. I (9 <sup>th</sup> & 10 <sup>th</sup> Grades) June 24 <sup>th</sup> - June 30 <sup>th</sup> , 2012
<input type="checkbox"/> Primary (1 <sup>st</sup> & 2 <sup>nd</sup> Grades) July 5 <sup>th</sup> - July 7 <sup>th</sup> , 2012	<input type="checkbox"/> Junior I (3 <sup>rd</sup> & 4 <sup>th</sup> Grades) July 8 <sup>th</sup> - July 14 <sup>th</sup> , 2012
<input type="checkbox"/> Junior II (5 <sup>th</sup> & 6 <sup>th</sup> Grades) July 15 <sup>th</sup> - July 21 <sup>st</sup> , 2012	<input type="checkbox"/> Jr. High (7 <sup>th</sup> & 8 <sup>th</sup> Grades) July 22 <sup>nd</sup> - July 28 <sup>th</sup> , 2012

**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.

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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. 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. 1<sup>st</sup> Offense Verbal Warning from Director
2. 2<sup>nd</sup> 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 \_\_\_\_\_