

First Name _____	Last Name _____	Date of Birth _____	Grade Entering _____
Address _____	City _____	State _____	Zip _____
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 _____	

<ul style="list-style-type: none"> • Campers First Time at Deeper Life Bible Camp Yes [] No [] • Top Bunk Acceptable: Yes [] No [] 	<p>CAMP FEE: \$115.00 (\$40 for Primary Camp) Pre-registration of nonrefundable \$60 deposit by May 1st adjusts camp fee to \$105 for week long camps.</p> <p>If other party is responsible for camp fees, please list them and the amount covered.</p>		
I wish to bunk with: _____	<table border="0"> <tr> <td><u>Responsible Party</u> _____</td> <td><u>Amount</u> _____</td> </tr> </table>	<u>Responsible Party</u> _____	<u>Amount</u> _____
<u>Responsible Party</u> _____	<u>Amount</u> _____		
***It is our policy to avoid as much as possible, a group of THREE or more in the same cabin from the same church or area.	***Registration begins at 4:00PM on the first day of camp. Camp ends at 10:00AM on the last day.		

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 th & 12 th Grades) June 15 th -21 st , 2008	<input type="checkbox"/> Sr. I (9 th & 10 th Grades) June 22 nd -28 th , 2008
<input type="checkbox"/> Primary (1 st & 2 nd Grades) June 29 th -July 1 st , 2008	<input type="checkbox"/> Junior I (3 rd & 4 th Grades) July 6 th -12 th , 2008
<input type="checkbox"/> Junior II (5 th & 6 th Grades) July 13 th -19 th , 2008	<input type="checkbox"/> Jr. High (7 th & 8 th Grades) July 20 th -26 th , 2008

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. Registration begins at 4:00PM on the first day of camp.
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, cellphones, 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.

Camper's Signature _____ Parents Signature _____ Date _____

Preregistration: Date Rec'd _____
 Cabin Assignment: _____
 Check # _____ Cash _____ Amount _____

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. 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. Please list all medications and instructions for each: _____

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

Parent/Guardian Signature _____ **Date** _____