

Blue Lake United Methodist Camp  
8500 Oakwood Lane  
Andalusia, AL 36420  
Phone: 334-222-5407  
Fax: 334-427-1469  
www.bluelakecamp.com

# 2023 Winter Retreat

## Adult

### Registration

You must complete the **entire** registration packet.  
You may register **only** with a paper form.  
We cannot accept partial registrations.

**Full payment is required with all registrations.**

February 3-5, 2023

Arrival 6pm  
Depart 11am

***\*\*Reminder: Please eat dinner before you arrive\*\****

Contact Blue Lake if you have any questions.

# Adult Registration Form

## Participant Information

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

Church: \_\_\_\_\_ Church Role: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_

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

Emergency Contact Name and Phone:

\_\_\_\_\_

T-Shirt Size:

Y/small \_\_\_ Y/medium \_\_\_ Y/large \_\_\_ A/small \_\_\_ A/medium \_\_\_ A/large \_\_\_ A/1Xlarge \_\_\_ A/2Xlarge \_\_\_ A/3Xlarge \_\_\_

## Roommate Requests

1 \_\_\_\_\_ 2 \_\_\_\_\_

## Cost and Dates

By December 1st	\$120.00
December 2nd through January 20th	\$135.00
Adult	\$95.00

Blue Lake Accepts Visa, MasterCard, EFT, and Checks (Payable to Blue Lake Camp)

Amount: \_\_\_\_\_ Credit Card/EFT Account Number: \_\_\_\_\_

Routing Number (If using EFT): \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Security Code on Back of Card: \_\_\_\_\_

Printed Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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

**Cancellation Policy:** For cancellations made up to two weeks prior to the event, \$25 of the participant fee is non-refundable. No refunds will be issued for cancellations made after January 20th.

# Adult Health History Form

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

First Name

Middle Initial

Last Name

Date of Birth: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_

## 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.
- Participants should arrive ready to participate in the program. If a participant 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 participants 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 participants most recent tetanus immunization \_\_\_\_\_

Is the participant allergic to any foods or medication Yes: \_\_\_ No: \_\_\_

If yes please name them:

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

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

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

Does this participant have Asthma? Yes \_\_\_ No \_\_\_

If Yes:

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

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

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

We will contact your emergency contact if there is a question about your health and in an emergency. Please provide us contact information for another trusted adult who will be available via phone while you are attending camp.

Name of Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List the Medication that you take on a regular basis: I do NOT take any medication: \_\_\_

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

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

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

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

---

## Participant Authorization

This information is correct and the participant 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 emergency contact (a) in an emergency, (b) if questions about my health may arise, (c) when I am 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 \_\_\_\_\_ 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: \_\_\_\_\_

# DISCLOSURE REGARDING CONSUMER REPORTS (Adult Only)

Blue Lake United Methodist Assembly  
8500 Oakwood Lane Andalusia AL 36420  
334-222-5407

## **Blue Lake United Methodist Assembly Will Obtain a Background Check**

You acknowledge and understand that in connection with your volunteer application with Blue Lake (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment, if hired, we may obtain a “consumer report” and/or an “investigative consumer report” on you from Trak-1, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law.

## **Consumer Report Defined**

A consumer report is any communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. A common term for a consumer report is a “background check report.”

## **Investigative Consumer Report Defined**

An investigative consumer report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. An investigative consumer report might include, for example, calls to the personal references you provide or conversations with former supervisors or colleagues where you worked.

## **Reports May Contain**

The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, current motor vehicle insurance coverage information, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others.

You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness, drug testing, or other medical records and medical information may be obtained only after a tentative offer of employment has been made.

## **Your Rights as a Consumer**

You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in Trak-1's files on you at the time of your request by providing proper identification.

You are further notified that, prior to being denied a volunteer position based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Correspondence to Trak-1 should be forwarded to:

Trak-1 | Consumer Relations | 7131 Riverside Parkway | Tulsa, Oklahoma 74136

800-600-8999 | CustomerCare@trak-1.com

# AUTHORIZATION TO OBTAIN CONSUMER REPORT (Adult Only)

The following is information required in order for Blue Lake United Methodist Assembly to obtain a complete consumer report:

Full Legal Name : \_\_\_\_\_  
*(First Name, Full Middle Name, Last Name)*

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

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

Social Security Number: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other or Former Names: *(AKA, Maiden Names, Married Names, Surnames, Etc.)* \_\_\_\_\_

**Your signature below indicates the following:**

- 1) You authorize, without reservation, Trak-1 or any third party to obtain and/or furnish to Blue Lake United Methodist Assembly any records or information referenced in the provided disclosure statement for volunteer related purposes;
- 2) You authorize ongoing procurement of any records or information, reports and records at any time during your relationship with Blue Lake United Methodist Assembly to the extent allowed by law;
- 3) You authorize the use of a fax or photocopy of this authorization as having the same authority as the original;
- 4) You authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish Blue Lake United Methodist Assembly and/or Trak-1 with any and all background information in their possession regarding you for these stated employment purposes;
- 5) You understand and agree that in connection with your volunteer application your consumer report information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in the hiring process;
- 6) You have read and fully understand the foregoing disclosure and this authorization.
- 7) You certify that all the information you have provided on this form is true, complete, correct and accurate; and
- 8) You certify you have received, reviewed and understand the "Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.)" which is published by the Federal Trade Commission to help you know your rights.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* This information will be used for background screening purposes only.*

**Check this box if you are a Minnesota, Oklahoma, or California applicant**, and you would like to receive a copy of your consumer report, if one is obtained. For **California** applicants only: a copy of your report will be sent to you by the above-referenced employer within three business days beginning on the date of receipt by the employer. For **Minnesota** applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced employer. For **Oklahoma** applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

**Blue Lake Camp Safe Sanctuaries Covenant Statement**  
**For Children and Youth Ministry Volunteers**

*Blue Lake Camp is committed to providing a safe and secure environment for all children, youth, and volunteers who participate in ministries and activities at the camp. The following policy statements reflect our commitment to preserving this camp as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God.*

- *Adult volunteers shall consent to a criminal background check at least every year.*
- *Any adult who has been convicted of child abuse (sexual, physical, or emotional) cannot volunteer to work with children or youth in any camp-sponsored activity.*
- *Adult volunteers with children and youth shall observe the “Two-Adult” rule at all times so that no adult is ever alone with children or youth.*
- *In order to be considered an adult authority figure, volunteers with children and youth shall be at least 19 years old.*
- *Adult volunteers with children and youth shall participate in training regarding camp policies and Safe Sanctuaries guidelines at least once per year.*
- *Adult volunteers shall immediately report to camp staff any behavior that seems abusive or inappropriate.*

Please initial each of the following statements with which you agree:

1. \_\_\_\_\_ I understand and agree to observe and abide by the Safe Sanctuaries Policy.
2. \_\_\_\_\_ I agree to observe the “Two-Adult” Rule at all times.
3. \_\_\_\_\_ I agree to participate in training provided by the camp related to my volunteer assignment, including annual Safe Sanctuary training.
4. \_\_\_\_\_ I agree to promptly report to camp staff any abusive or inappropriate behavior that I may observe.
5. \_\_\_\_\_ I agree to consent to a criminal background check at least every year.

I have read the Safe Sanctuaries Policy and this Covenant, and I agree to observe and abide by the policies set forth above.

\_\_\_\_\_  
Signature of Volunteer

Date \_\_\_\_\_

\_\_\_\_\_  
Printed Full Name of Volunteer