



# 2023 Blue Lake Summer Camp Registration Packet:

## Adult Volunteer

### June

#### Energize

3rd-5th Graders  
June 19-23

#### Cultivate

6th-12th Graders  
June 26-30

### July

#### Camp-X

3rd-5th Graders  
July 10-14

#### Worship Arts Youth

6th-12th Graders  
July 17-22

#### Worship Arts Elementary

3rd-5th Graders  
July 17-22

#### Blast

3rd-5th Graders  
July 24-28

#### Drench

6th-8th Graders  
July 24-28

#### Missions

9th-12th Graders  
July 24-28

**Please Circle which Camp  
you will be volunteering at:**

Cultivate

Energize

Camp-X

Blast

Drench

Worship Arts (Elem)

Worship Arts (Youth)

Missions

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

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

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

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

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Church: \_\_\_\_\_ Staff Reference: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

T-shirt size (available sizes are Adult Small—3XL): \_\_\_\_\_

**Registration will not be finalized until Blue Lake has received your health history, Safe Sanctuaries release and the Dean, Program Director, and Executive Director has reviewed your application. All forms need to be completed and submitted.**

**All forms may be found at [www.bluelakecamp.com](http://www.bluelakecamp.com)**

**Volunteers will comply with the Blue Lake Camp registration process and refund policy.**

**I give my permission for Blue Lake Camp to use photos or videos of me in promotional materials**

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

**BLUE LAKE UNITED METHODIST ASSEMBLY, INC.**  
**SAFE SANCTUARIES**  
**AUTHORIZATION AND REQUEST TO RUN BACKGROUND CHECK**

**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 PeopleFacts, 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 licenser 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 PeopleFacts' 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 PeopleFacts should be forwarded to:

PeopleFacts | 2605 Camino Del Rio South | San Diego, CA 92108

1-877-216-6063 | [consumerhelp@peoplefacts.com](mailto:consumerhelp@peoplefacts.com)

# AUTHORIZATION TO OBTAIN BACKGROUND REPORT

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, PeopleFacts 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 PeopleFacts 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.

**CALIFORNIA APPLICANTS:** Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by PeopleFacts during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. PeopleFacts is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification.

California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

**MAINE APPLICANTS:** Pursuant to Maine state law, § 1317(2), PeopleFacts is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer

**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

## ***Agreement to Participate; Assumption of Risk and Release of Liability***

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 2023 Summer Camp that their child or person(s), for whom they have responsibility, has requested to participate in, that 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 as 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 whom I am responsible for, should not participate in the Summer Camp 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.

Volunteer's Name: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_

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

<b>Volunteer Health History Form</b> Phone: (334) 222-5407 Fax: (334) 427-1469	Dates will attend camp: From _____ To _____ Name: _____ First                    Middle                    Last Male: _____ Female: _____
Blue Lake Registrar 8500 Oakwood Lane Andalusia, AL 36420	Participant Information: Camper _____ Volunteer _____ Nurse _____

Home Address:  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary contact that will be contacted in case of illness or injury:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Preferred Phone: \_\_\_\_\_ Preferred Email : \_\_\_\_\_  
 Home Address (if different from above):  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secondary Person if the first cannot be reached

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Preferred Phone: \_\_\_\_\_ Preferred Email : \_\_\_\_\_  
 Home Address (if different from above):  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency contact if the first 2 are unavailable

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Preferred Phone: \_\_\_\_\_ Preferred Email : \_\_\_\_\_

**Allergies:**  
 No Known Allergies: \_\_\_\_\_  
 This attendee is allergic to: Food \_\_\_\_\_ Medicine \_\_\_\_\_ The environment (Insect stings, hay fever, etc) \_\_\_\_\_ Other \_\_\_\_\_  
 Please describe below what the attendee is allergic to and the reaction seen.

**Diet/Nutrition:** This attendee eats a regular diet \_\_\_\_\_ This attendee eats a regular vegetarian diet \_\_\_\_\_  
 This attendee has special food needs. (Please describe below) \_\_\_\_\_

**Restrictions:** Examples of the activities offered at Blue Lake Camp can be found under the Summer Camp Activities Tab

\_\_\_\_\_ I have reviewed the program and activities of the camp and feel this person can participate without restrictions.

\_\_\_\_\_ I have reviewed the program and activities of the camp and feel this person can participate with the following restrictions.

(Please list the restrictions here) \_\_\_\_\_

**Medical Insurance Information:**

This person is covered by family medical/hospital insurance: \_\_\_ Yes \_\_\_ No

\*\*\*Include copy of both sides of insurance card so information is readable.

Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber: \_\_\_\_\_ Insurance Company Phone Number: (\_\_\_\_) \_\_\_\_\_

**Immunizations**

- This person is current with all immunizations: Yes \_\_\_\_\_ No \_\_\_\_\_
- This person is not fully immunized: \_\_\_\_\_
- Please provide the date of the most recent Tetanus immunization: Month \_\_\_\_\_ Year \_\_\_\_\_

IF it has been 10 years or more since you a tetanus vaccination, we strongly recommend them receiving this vaccine

PRIOR to attending camp.

If attendee has not been fully immunized, please sign the following statement:

**I understand and accept the risks to me/my child from not being fully immunized.**

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

**Medication:** This person will NOT take any daily medications while attending camp: \_\_\_\_\_

This person WILL take the following daily medication(s) while at camp: \_\_\_\_\_

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please bring original pharmacy containers with labels for prescription medication** showing the prescribed name and how the medication should be given. All over the counter medication must be labeled with name and instructions for use. Provide enough of each medication to last the entire time at camp (and only the time at camp).

Name of medication	Date started	Reason for taking it	Breakfast Lunch Dinner Bedtime Other Time: _____	Amount or dose given	How it is given
			Breakfast Lunch Dinner Bedtime Other Time: _____		
			Breakfast Lunch Dinner Bedtime Other Time: _____		
			Breakfast Lunch Dinner Bedtime Other Time: _____		

Blue Lake does keep a stock of non-prescription medications in the camp Health Center and are used on an as needed basis to manage illness and injury.

**Please list all Non-Prescriptions (if any) that the camper CANNOT take.**

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# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics  
Council on School Health, & Association of Camp Nurses

Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

## **General Health History:** Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does this person:

- |   |   |
|---|---|
| 1. Ever been hospitalized? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                   | 11. Had fainting or dizziness? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| 2. Ever had surgery? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                         | 12. Passed out/had chest pain during exercise? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| 3. Have recurrent/chronic illnesses? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No         | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                      | 15. Have problems with falling asleep/sleepwalking? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No   | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| 7. Have diabetes? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                            | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| 8. Had seizures? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                             | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| 9. Had headaches? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                            | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No  |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

## **Mental, Emotional, and Social Health:** Check "Yes" or "No" for each statement.

Has this person:

- |   |
|---|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? ..... Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes <input type="checkbox"/> No <input type="checkbox"/>                            |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes <input type="checkbox"/> No <input type="checkbox"/>                  |
| 4. Had a significant life event that continues to affect this persons life?..... Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |
- (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

## **Health-Care Providers:**

Name of primary doctor(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of dentist(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of orthodontist(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**If an emergency or illness arises such as stomach viruses, possible sprains, breaks, or need of doctor or hospital care you will be called before we seek medical help. We will not call for basic needs such as mild headaches, basic bumps and bruises, or scrapes and scratches.**

**What Have We Forgotten to Ask?** Please provide in the space below any additional information about this persons health that you think important or that may affect this person's ability to fully participate in the camp program. Attach additional information if needed.