



**2025**

**Bishop's Confirmation Retreat  
Registration Packet:  
CAMPER**

**March 14th at 6pm -**

**March 16th at 10am**

*Please eat dinner before you arrive*

**Registration and payment must be  
postmarked no later than March 2nd, 2025**

**Mail completed forms and payment to:**

Blue Lake Camp

Attn: Registrar

8500 Oakwood Lane

Andalusia, AL 36420

OR

**Scan and email completed forms to:**

[programs@bluelakecamp.com](mailto:programs@bluelakecamp.com)

OR

**Fax completed forms to:**

334-222-5407

Please call Blue Lake with any questions:

334-222-5407

# 2025 Confirmation Retreat Registration

Name:

Address:

City, State, Zip:

Phone:

Email:

Birth Date:

Gender:

Grade:

T-Shirt Size (Available Sizes: Youth Med - Adult XXXXL):

Roommate Request (limit 2 requests):

Church\*:

\*If attending camp with a church other than your regular, please list the church you are attending with.

## Emergency Contact that will be contacted in case of illness or injury:

Name:

Relationship:

Preferred Phone:

Preferred Email:

Address (if different than above):

## Secondary Contact Person if the first can't be reached:

Name:

Relationship:

Preferred Phone:

Preferred Email:

Address (if different than above):

## Third Contact Person if the first two can't be reached:

Name:

Relationship:

Preferred Phone:

Preferred Email:

Will your child be riding in church vehicles to/from camp? YES NO

If YES, what is the name of the church leader responsible for your child? If NO, please list the authorized pick-up person(s) for your child:

Please Initial the Following Statements if you are in agreement:

**REQUIRED:** I understand and will comply with the Blue Lake Camp registration process and refund policy.

**OPTIONAL:** I give my permission for Blue Lake Camp to use photos or videos of the participant indicated above in promotional materials, social media, or on the camp website.

Signature of Parent or Guardian:

Date:

## 2025 Confirmation Retreat Payment Information

Camper Name(s) the Information below will be paying for:

	Cost
Camper	\$140.00

### Payment Information:

Blue Lake accepts Visa, Mastercard, EFT, and Checks (Payable to Blue Lake Camp)

Amount to be Charged (\$50 deposit required to hold your spot):

Credit Card/EFT Information:

Account/Card Number(and routing number if using EFT):

Expiration Date:

3 Digit Security Code:

Billing Address:

Name of Cardholder:

Signature:

### Checks can be mailed to:

Blue Lake Camp  
c/o Registrar  
8500 Oakwood Lane  
Andalusia, AL 36420

Phone: 334-222-5407

**Registration will not be finalized until FULL PAYMENT is received along with the completed Registration Packet.**

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

# 2025 Confirmation Retreat Health Information

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

First Name Middle Initial Last Name

Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

## 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.
- Campers should arrive ready to participate in the program. If a camper 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 child's name. Medications will be dispensed by Blue Lake Staff. 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 child's most recent tetanus immunization \_\_\_\_\_

Is child allergic to any foods or medications? Yes: \_\_\_ No: \_\_\_

If yes please name them:

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

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

If Yes:

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

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

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

We will contact you if there is a question about your child's health and in an emergency. Please provide us contact information for a custodial parent who will be available via phone while your child is attending camp.

Name of Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List the Medication that your child takes on a regular basis: My child does NOT take any medication: \_\_\_

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

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

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

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

## Parent/Guardian Authorization

This information is correct and the child 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 parent/guardian (a in an emergency, (b if questions about my child's health may arise, (c when my child is 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 of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# 2025 Confirmation Retreat Health Information

## Immunizations:

**This camper is current with all immunizations:**

**This Camper 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 your child received a tetanus vaccination, we strongly recommend them receiving this vaccine PRIOR to attending camp.

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

**I understand and accept the risks for my child from not being fully immunized.**

**Signature of Parent/Guardian:**

**Date:**

## Restrictions:

**I have reviewed the program and activities of the camp and feel this camper can participate without restrictions.**

**I have reviewed the program and activities of the camp and feel this person can participate with the following restrictions or accommodations.**

**Please list any restrictions/accommodations here:**

## Policy for Parent/Guardian Contact:

Phone contact with parents/guardians is established in an emergency. Each person's health form contains contact information, as well as designates alternate contacts if the parents/guardians cannot be reached. This process is initiated by the Director and/or the lead healthcare provider but can be delegated to an appropriate staff member. Since the program has no way of determining what each person considers an emergency, the general camp practice is to contact parents when there is concern about a person's health and/or when a situation is not progressing as expected. Phone contact is followed by a letter which provides specific information about the situation. Because many people remotely access their voice mail, it is expected that camp personnel leave voice messages on answering machines that appropriately communicate the need for a given parent to call the camp. All contact, successful and unsuccessful, is documented on the individual's health form.

**Signature of Parent/Guardian:**

**Date:**

## Parent/Guardian Authorization for Health Care for all Minor Campers:

This health history form is correct and accurately reflects the health status of the camp attendee to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand that if my child becomes ill with a contagious illness such as stomach virus, chicken pox, or flu they will be quarantined and parents will be required to come and pick their child up from camp. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

**Signature of Parent/Guardian:**

**Date:**

## 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 Confirmation Retreat 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 Confirmation Retreat 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.

**Camper's Name:**

**Parent/Guardian's Name:**

**Parent/Guardian's Signature:**

**Date:**