



2025
Summer Camp Registration
Packet:
CAMPER

June

Cultivate

6th-12th Graders
June 9th-13th
Early Bird: \$355
Regular: \$375

Energize

3rd-5th Graders
June 16th-20th
Early Bird: \$355
Regular: \$375

234 MINI Camp

2nd-4th Graders
June 23rd-25th
Regular: \$200

July

Camp-X

3rd-5th Graders
July 7th-11th
Early Bird: \$355
Regular: \$375

Missions

6th-12th Graders
July 14th-18th
Early Bird: \$355
Regular: \$375

Blast

3rd-5th Graders
July 21st-25th
Early Bird: \$355
Regular: \$375

Registration: Register EARLY...many camps fill up QUICKLY! Prior to the start of camp, you will receive an email on what to bring, how to send messages, and other vital information to make your camp experience the best. This will be sent to the email provided on your registration.

Scholarships: Scholarships for Summer Camp are available to those in need of financial assistance. To apply, please visit www.bluelakecamp.com/summer-camps/ to learn about our options.

Special Needs: We are very willing to provide for dietary needs such as allergies, special diets, programming needs or other support. Please indicate all relevant information on the camper's health forms, if you have additional questions please call us at 334-222-5407.

Early-Bird Rate: To obtain the early bird rate the camper must be registered and paid in full by April 1st.

Deposits: With a non-refundable \$50 deposit and a completed registration form, you may hold a spot until June 1, 2025. The total balance is due no later than June 1, 2025 at which time unpaid balances will be released. A spot cannot be held without a completed registration form. We cannot make ANY exceptions to this policy.

Cancellations & Refunds: Cancellations more than 2 weeks before your camp session begins will result in a refund less a \$50 administrative fee. Cancellations for any reason less than 2 weeks before your camp session are completely non-refundable.

2025 Summer Camp Registration

Please check which camp your camper will be attending:

Cultivate	Energize	Camp X
234 Mini Camp	Missions	Blast

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 Summer Camp Payment Information

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

Please check which camp your camper will be attending:	Cultivate	Energize	Camp X
	234 Mini Camp	Missions	Blast

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, Health History, and Agreement to Participate forms.

All forms may be found at www.bluelakecamp.com/summer-camps/

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 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.

Camper's Name:

Parent/Guardian's Name:

Parent/Guardian's Signature:

Date:

2025 Summer Camper Health Information

Full Legal Name:

Birth Date:

General Health History: Check "yes" or "no" for each statement. Explain "Yes" answers below.

Has/Does this Person:	YES	NO		YES	NO
1. Ever been hospitalized?			15. If female, have problems with periods/menstruation?		
2. Ever had surgery?			16. Have problems with falling asleep/sleepwalking?		
3. Have recurrent/chronic illnesses?			17. Ever had back/joint problems?		
4. Had a recent infectious disease?			18. Have a history of bed wetting?		
5. Had a recent injury?			19. Have problems with diarrhea/constipation?		
6. Had asthma/wheezing/shortness of breath?			20. Have any skin problems?		
7. Have diabetes?			21. Traveled outside the country in the past 9 months?		
8. Had seizures?			22. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?		
9. Had headaches?			23. Ever been treated for emotional or behavioral difficulties or an eating disorder?		
10. Wear glasses, contacts, or protective eye wear?			24. During the past 12 months, seen a professional to address mental/emotional health concerns?		
11. Had fainting/dizziness?			25. Had a significant life event that continues to affect this person's life (history of abuse, death of a loved one, family change, adoption, foster care, survived a disaster, etc.)		
12. Passed out/had chest pain during exercise?					
13. Had mononucleosis during the last 12 months?					

Please explain "Yes" answers in the space below, noting the number of the questions.

The camp may contact you for additional information.

What have we forgotten to ask? Please provide in the space below any additional information about this person's 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.

Health Care Providers

Name of Primary Doctor(s): Phone:

Name of Dentist: Phone:

Name of Orthodontist: Phone:

Medical Insurance Information

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

Insurance Company: Policy Number:

Subscriber: Insurance Company Phone:

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

2025 Summer Camper Health Information

Medication

"Medication" is any substance a person may take 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). All medications brought to camp are signed in during the check in process and stored in a locked cabinet the entirety of your camper's stay at Blue Lake.

This camper will NOT take any daily medications while attending camp:

This camper WILL take the following daily medication(s) while at camp:

Name of Medication: _____ Amount/Dose Given: _____ Date Started: _____
Reason for taking it: _____ Method Administered: _____
When is Medication Administered: Breakfast Lunch Dinner Bedtime Other:

Name of Medication: _____ Amount/Dose Given: _____ Date Started: _____
Reason for taking it: _____ Method Administered: _____
When is Medication Administered: Breakfast Lunch Dinner Bedtime Other:

Name of Medication: _____ Amount/Dose Given: _____ Date Started: _____
Reason for taking it: _____ Method Administered: _____
When is Medication Administered: Breakfast Lunch Dinner Bedtime Other:

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 or injury.

Please list all non-prescription medications (if any) that your camper CANNOT take while at camp:

Allergies:

This camper has NO KNOWN allergies:

This camper HAS allergies:

Allergy: _____ Severity of Allergy: _____ Treatment: _____
Allergy: _____ Severity of Allergy: _____ Treatment: _____
Allergy: _____ Severity of Allergy: _____ Treatment: _____

Diet/Nutrition:

Please indicate the type of diet this camper eats:

Regular Vegetarian Vegan Gluten Free Dairy Free Other

Please describe any special food needs this camper has:

2025 Summer Camper 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: