



2025
Summer Camp Registration
Packet:
ADULT VOLUNTEER

June

Cultivate

6th-12th Graders
June 9th-14th

Energize

3rd-5th Graders
June 16th-20th

234 MINI Camp

2nd-4th Graders
June 23rd-25th

July

Camp-X

3rd-5th Graders
July 7th-11th

Missions

6th-12th Graders
July 14th-20th

Blast

3rd-5th Graders
July 21st-25th

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 you will be attending:

Cultivate

Energize

Camp X

234 Mini Camp

Missions

Blast

Name:

Address:

City, State, Zip:

Phone:

Email:

Birth Date:

Gender:

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

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 you be riding in church vehicles to/from camp? YES NO

If YES, what is the name of the church leader you will be arriving with?

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 Adult Volunteer:

Date:

Agreement to Participate; Assumption of Risk and Release of Liability

WHEREAS, THE UNDERSIGNED ADULT PARTICIPANT wishes to 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 themselves or the person, 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 myself 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 myself, or the person for whom I am responsible for, from participating in any particular activity. However, I understand that it is solely my responsibility to determine whether there is any medical reason that myself 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 myself 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.

Adult Participant's Name:

Adult Participant's Signature:

Date:

2025 Summer Adult 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 stay at Blue Lake.

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

This Participant 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 you CANNOT take while at camp:

Allergies:

This person has NO KNOWN allergies:

This person 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 person eats:

Regular Vegetarian Vegan Gluten Free Dairy Free Other

Please describe any special food needs this person has:

2025 Summer Adult Health Information

Immunizations:

This person is current with all immunizations:

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 received a tetanus vaccination, we strongly recommend them receiving this vaccine PRIOR to attending camp.

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

I understand and accept the risks for myself from not being fully immunized.

Signature of Participant:

Date:

Restrictions:

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 or accommodations.

Please list any restrictions/accommodations here:

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