# 2027
# Bishop's Confirmation Retreat
# Registration Packet:
# ADULT

**February 19th at 6pm -**
**February 21st at 10am**

*Please eat dinner before you arrive*

**Registration and payment must be postmarked no later than February 5th, 2027**

**Mail completed forms to:**
Blue Lake Camp
Attn: Registrar
8500 Oakwood Lane
Andalusia, AL 36420

OR

**Scan and email completed forms to:**
programs@bluelakecamp.com

OR

**Fax completed forms to:**
334-222-5407

Please call Blue Lake with any questions:
334-222-5407

# 2027 Confirmation Retreat Adult Registration

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/Med___ A/L___ A/XL___ A/2XL___ A/3XL___ A/4XL___

## Groups will get 2 free volunteer spots for first five students then an additional free volunteer spot for each additional 5 students. Additional adults will be $100.00

Participant(s) that the below information will be paying for:

_____

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 February 5th.

# 2027 CR Adult Health History

**Full Legal Name:** _____

**Birth Date:** _____

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

| Have you: | YES | NO |
|---|---|---|
| 1. Ever been hospitalized? | ☐ | ☐ |
| 2. Ever had surgery? | ☐ | ☐ |
| 3. Have recurrent/chronic illnesses? | ☐ | ☐ |
| 4. Had a recent infectious disease? | ☐ | ☐ |
| 5. Had a recent injury? | ☐ | ☐ |
| 6. Had asthma/wheezing/shortness of breath? | ☐ | ☐ |
| 7. Have diabetes? | ☐ | ☐ |
| 8. Had seizures? | ☐ | ☐ |
| 9. Had headaches? | ☐ | ☐ |
| 10. Wear glasses, contacts, or protective eye wear? | ☐ | ☐ |
| 11. Had fainting/dizziness? | ☐ | ☐ |
| 12. Traveled outside the country in the past 9 months? | ☐ | ☐ |
| 13. Passed out/had chest pain during exercise? | ☐ | ☐ |
| 14. 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 your health that you think important or that may affect your 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**

Are you 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.***

# 2027 CR Adult Allergy

**About health care for short term stays:**

- At minimum, a staff member with First Aid and CPR is present at all times when campers are on property.
- Blue Lake does not require adult volunteers to check in their medications upon arrival. We ask that all volunteers handle their medications responsibly and keep them out of reach of campers when possible.
- **FAQ:** Why do we ask for medication information for adults if we do not check it in? We do this in case of emergency. If something were to happen while you were at camp and you were unable to communicate with Health Care professionals about your health history, we want to be able to get you the care you need!

Are you allergic to any foods or medications? Yes: ___ No: ___

If yes please name them:

_____ Reaction: _____ Treatment: _____Anaphylaxis:___

_____ Reaction: _____ Treatment:_____ Anaphylaxis:___

Do you have Asthma? Yes ___ No ___

If Yes:

Will you carry a rescue inhaler? Yes: ___ No: ___

What triggers your asthma? _____

Please inform us of any additional health information that may impact your stay:

_____

**Diet/Nutrition:**

Please indicate the type of you eat:

Regular Vegetarian Vegan Gluten Free Dairy Free Other

Please describe any special food needs this person has: _____

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

Medication:_____ Reason:_____

Medication:_____ Reason:_____

## Immunizations:

**I am up to date with all immunizations:** ☐

**I am 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 you receiving this vaccine PRIOR to attending camp.

**<u>If you have not been fully immunized, please sign the following statement:</u>**

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

**Signature of Volunteer:** _____ **Date:** _____

# 2027 CR Adult Authorization for Care

## Restrictions:

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

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

**Please list any restrictions/accommodations here**

## Authorization for Health Care for All:

This health history form is correct and accurately reflects my current health status. I have 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 my health for both routine health care and in emergency situations. If I am unable to make decisions for myself in an emergency, I give permission to the physician to hospitalize me, secure proper treatment, and order injections, anesthesia, or surgery as necessary. I understand that if I become ill with a contagious illness such as a stomach virus, chicken pox, or flu, I may be quarantined and may be required to leave camp until I am no longer contagious. I understand that the information on this form will be shared with camp staff on a “need to know” basis. I give permission for this form to be photocopied. In addition, I give the camp permission to obtain a copy of my health records from providers who treat me, and I authorize these providers to discuss my health status with program staff as needed for my care and safety while participating in camp activities.

**Signature of Volunteer:** _____ **Date:** _____

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

WHEREAS, THE UNDERSIGNED 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 Winter 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 Winter 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.

**Volunteer's Name:** _____

**Volunteer's Signature:** **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 TrueHire, 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.

## Background Check Policy

Information about you may be obtained from a consumer reporting agency for employment / volunteer purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are selected, throughout your affiliation with the Company. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. **The report will be generated by True-Hire (11726 Cleveland Avenue Uniontown, Ohio 44685 / (800) 262-7301) or another outside organization.** The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are selected, throughout your affiliation to the extent permitted by law. Submitting this form indicates acceptance of this policy.

# 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, TrueHire 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 TrueHire 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.

_____ Date _____
Signature of Volunteer

_____
Printed Full Name of Volunteer