



CHILDREN'S CAMP

July 25th - 29th

For Children ages 8-11 entering the 3rd through 6th
Grades

What to Bring

| | | | |
|----------------------------|----------------|----------------------------|------------------------------|
| Sleeping bag | Bed mat | Pillow | Sun screen |
| Hat | Bathing suit | Towel | Jacket |
| Bug repellent | Flashlight | Bible and pen | Shampoo |
| \$10.00 for Snack Shack | Baseball glove | Hygiene Items | \$\$ for missionary offering |
| Closed-toe Shoes & Sandals | | Hot & cool weather clothes | |

Camper Dress Code

Girls

No short shorts
No spaghetti-string tank tops or dresses
No two-piece swim suits
No bare midriffs

Boys

No Speedo swimsuits
No underwear showing above waistline
Shirts must be worn at all times except at swimming

.....(Cut here).....

2011 Medical History and Release Form (Please Print)

Name of Camper: _____ Age: _____

Doctor: _____ Phone: () _____

Insurance Carrier: _____ Policy #: _____ Policy Holder: _____

Date of LAST TETANUS BOOSTER

_____/_____/_____

All medications must be labeled with camper's name and dosage and given to camp nurse upon arrival. Please staple to this an authorization for dispensing prescription medication indicating medication name(s) and prescription number(s), signed by parent/legal guardian. Physical Condition of Camper:

Allergies Asthma Bedwetting Bee Sting Allergy Diabetes Epilepsy
 Frequent Colds Heart Condition Rheumatic Fever Diet Restrictions (list below) Stomach Upsets
 Eye, Ear, Nose, Throat Other: _____

Details: _____

My signature below indicates this health history is correct, the camper herein described is in good physical condition, and has permission to engage in all camp activities except as noted. I understand that every effort will be made to protect and safeguard all campers. Therefore I agree not to hold North Coast Baptist Association and/or camp staff responsible for illness or mishap which may occur. In case of surgical or medical emergency, I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be copied for use outside of camp. I give my permission for my child to attend camp subject to the policies of Blue Slide Camp. Should this camper become involved in conduct requiring discipline, I will support the action of the camp administration and will accept responsibility for payment of damaged property. The undersigned has read and voluntarily signs this.

Signature of Parent/Guardian _____ Date _____

CHILDREN'S CAMP

July 25th - 29th

For Children ages 8-11 entering the 3rd through 6th
Grades



Blue Slide Camp is located approximately 45 minutes east of Blue Lake on Maple Creek.
To get a map with directions contact Kimberlie Davis at 845-3073 or kimberlie@newheart.com

HOW TO REGISTER

- Fill out and sign the registration form and Medical History Form.
- Please be accurate and complete.
- Detach the registration form/medical history form from this brochure and mail with a \$50 Deposit to:

Blue Slide Children's Camp Registrar
c/o New Heart Community Church
P.O. Box 2608
McKinleyville, CA 95519

For campers with prescription medications, fill out and sign the authorization for dispensing prescription medication and bring it with you to registration.

Make check payable to: **NCBA**

IMPORTANT: Registration must be mailed with the \$50 deposit to above address. **DO NOT** send to your local church. All camper registrations must be mailed with the deposit directly to the Blue Slide Camp Registrar.

CAMPER REGISTRATION FEES

**PAY ONLY \$100.00 IF FULL PAYMENT IS POSTMARKED
BY MARCH 21ST!**

Or send only \$50 deposit for the following postmarked by:

| | |
|-----------------|-------|
| March 21st..... | \$105 |
| May 2nd | \$110 |
| June 13th..... | \$115 |
| July 20th..... | \$125 |

After July 20th the cost is \$135 paid in full.
Balance Due at registration.

**Camper spaces will be filled on a first come, first served basis.
If you have multiple campers from the same family and need a
financial discount contact Kimberlie Davis at 845-3073.**

Blue Slide Children's Camp 2011— Registration Form

Please print

Today's Date: _____

Name: _____ Sex: (M/F) _____ School Grade this Fall: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Home Phone: () _____

Work Phone: () _____ E-mail address: _____

In case of emergency, call: _____ Phone:() _____

I would like to bunk with: (1) _____ (2) _____ (3) _____

Church I am coming with: _____

CHECK BOX TO INDICATE DRESS CODE HAS BEEN READ
AND DISCUSSED WITH CAMPER

Amount enclosed for this camper: \$ _____ (minimum \$50 deposit)

**Office Use
Only**

Check # _____ or Cash
Date Received: ____/____/____
Amount Received \$ _____