



# NCBA BLUE SLIDE YOUTH CAMP AUGUST 1-5

## 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 |                              |

**IPOD/MP3/CD players O.K. when used for Talent Show rehearsal only!  
(may be taken away until end of camp if this privilege is abused)**

## Camper Dress Code

### Girls

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

### Boys

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

.....(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. I also give permission to use my child's image and name in any Blue Slide Camp promotional materials.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



# NCBA BLUE SLIDE YOUTH CAMP AUGUST 1-5

Youth Camp is for campers 12-17 years old entering the 7th-12th Grade  
Campers will be assigned cabins according to age group, i.e Jr. High & High School

Blue Slide Camp is located about 45 minutes east of Blue Lake on Maple Creek.  
For more information about camp, or to get a map with directions contact Pastor Doug Culbert at (707) 223-1985

### HOW TO REGISTER

- Register and pay securely online at [www.campblueslide.com](http://www.campblueslide.com) or
- Fill out and sign Registration Form and Medical History Form.
- Detach Registration Form/Medical History Form from this brochure and mail with \$50 Deposit to:

**Blue Slide Camp Registrar**  
c/o First Baptist Church Redway  
P.O. Box 556  
Redway, CA 95560

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

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

### CAMPER REGISTRATION FEES

**PAY ONLY \$90.00 IF FULL PAYMENT IS POSTMARKED BY MARCH 15TH!**

Or send only \$50 deposit for the following postmarked by:  
 March 15th.....\$100  
 April 25th.....\$110  
 June 1st .....\$115  
 July 13th.....\$125

After July 14th the cost is \$135 paid in full.  
Balance Due at registration.

DO NOT mail registration after July 22nd, Bring to camp.  
**There are a limited number of camper spaces available. You are encouraged to register early. Camper spaces will be filled on a first come, first served basis.**

### Blue Slide Youth 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: ( ) \_\_\_\_\_

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)  
(Please see reverse side for camper Medical History and Release Form)

|                        |                               |
|------------------------|-------------------------------|
| <b>Office Use Only</b> | Check # _____ or Cash         |
|                        | Date Received: ____/____/____ |
|                        | Amount Received \$ _____      |
|                        | Balance Due: \$ _____         |