



Forest Lake Baptist Camp & Conference Center
 11733 Copperhead Road
 Bloomfield, IA. 52537
 641-684-8908
www.forestlakecamp.org

Please check the camp(s) that you are interested in attending.

Grades	Dates	Postmarked June 1	After June 1
1 st -3 rd grade	June 29(4pm)-July 1	\$110.00	\$125.00
4 th -5 th grade	July 6 (4pm)-12	\$250.00	\$275.00
Junior High (6 th -8 th grade)	July 13 (4pm)-19	\$250.00	\$275.00
High School (9 th -12 th grade)	July 20(4pm)- 26	\$250.00	\$275.00
Horse Camp (6 th -12 th grade)	June 16(10am)-19	\$250.00	\$275.00

Please print clearly using a ballpoint pen.

Camper's Name _____ Female ___ Male ___

Birth Date _____ Grade in Fall of 2025 _____
 Month – Day – Year

Street Address _____ City _____ State _____ Zip _____

Home Church _____

Church Address _____
 Street _____ City _____ State _____ Zip _____

Email address _____

Mother/Guardian Name _____

Address (if different from above) _____

Phone #s (Please include Area Codes) Home _____ Cell _____
 Work _____

Father/ Guardian Name _____

Address (if different from above) _____

Phone #s (please include area codes) Home _____ Cell _____
 Work _____

Emergency Contact _____ Relationship to Camper _____

Phone # _____

Please mail registration forms and payments to:
 FOREST LAKE BAPTIST CAMP
 11733
 Copperhead Rd.
 Bloomfield, Iowa 52537-8073
 Phone: 641-684-8908



Forest Lake Baptist Camp & Conference Center
11733 Copperhead Road
Bloomfield, IA. 52537
641-684-8908
www.forestlakecamp.org

Limited Power of Attorney: Consent of Treatment of Minor and Release of Liability

1. In case of medical emergency, Forest Lake will make every attempt to contact a parent/guardian. If parent/guardian cannot be contacted I hereby give my permission to the physician selected by Forest Lake Camp to hospitalize and secure proper treatment for my child.
2. Additionally, all physician **prescribed medications will be dispensed to the camper ONLY if the prescription is contained in its original prescription bottle and only for the exact dosage prescribed on the bottle.**
3. I approve this registration and agree to the terms stated herein. I also give my permission for the camper to participate in all activities as they pertain to his/her camp program.
4. I release Forest Lake Camp and any of its authorized agents from any obligation of liability, actual or implied, concerning their use of the limited purpose power of attorney.
5. The undersigned certify that they have read (or had it read to them) the Power of Attorney and Release of Liability Form and that they understand the same.
6. I also understand that any photos or videos taken may be used for advertising & promotional purposes.

Parent/Legal Guardian's Signature _____

Witness' Signature _____

Witness' Address _____ City _____ State _____ Zip _____

Health Insurance Company _____ Policy # _____

Yes ___ No ___ Overall Good health and able to participate in all activities

Yes ___ No ___ Special needs, precautions _____
(Such as ADHD, ADD, bedwetting, sleep walking, emotional problems, ear plugs, etc.)

Please explain _____

Yes ___ No ___ Allergies (Foods, Medications, Bee Stings, Etc.) Please List and explain

Yes ___ No ___ Medications (List and include dosage, frequency and times)

All Medications must be turned in to camp staff at time of check-in and **MUST be in ORIGINAL** prescribed containers. It will be dispensed as directed on the bottle, unless a doctor's note advises differently.

Date of last tetanus immunization _____

The camp has my permission to administer medications and general first aid to my child as needed.

Signature of Parent/Guardian _____

* Please register 2 weeks in advance of camp to receive t-shirt*

Free T-shirt included: (Circle Size) Youth: S M L Adult: S M L X 2X