



Registration Form

Camper Name _____ () Male () Female

Parent(s)/Guardian(s) _____

Birthdate ____ / ____ / ____ Age _____ Grade in Fall _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work/Cell Phone (____) _____

Email _____

Home Church _____

Camp Attending (Please check the appropriate camp)

- () Adventure Camp () 10th, 11th, 12th Grade Camp () 7th, 8th, & 9th Grade Camp
() 5th & 6th Grade Camp () Family Camp () 3rd & 4th Grade Camp

T-shirt size-Circle only one (if received by June 10) :
YS ~ YM ~ YL ~ S ~ M ~ L ~ XL ~ 2XL

Enclosed is my: Payment in Full \$ _____ Deposit \$ _____ (\$30 minimum)
(Note: all deposits are non-refundable and are applied towards the amount due)

() Check if you would like information regarding camp scholarships

How did you find out about Fir Point?

- () Friend () Church () Internet () Returning Camper () Other _____

Parent/Guardian Agreement

I, the undersigned parent/guardian, submit this information in order that my child may attend Fir Point Bible Conference. I have made myself aware of the nature and extent of activities and represent to you the participant will be physically and mentally able to participate. I agree that should it be necessary for my child to return home due to medical reasons or disciplinary action, I will hereby assume all transportation costs. I understand this is an interdenominational Christian event and will have a spiritual emphasis. I give permission for Fir Point to use any photo or video of my family in publications. I release my right to any kind of remuneration for said photos or videos. I, as parent/guardian, understand that every activity for youth does present a risk of injury or even death, rare as that may be, and I have advised the participant of those possibilities. I and the participant assume the risk and hold you, your agents, employees, and representatives harmless for any liability to any other person or entity arising as a result of the conduct of the participant in this activity. I also agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such conduct.

Parent/Guardian Signature _____

Please return form to:
Fir Point Bible Camp PO Box 1050 Glendale, OR 97442 ~541-832-2202 ~ kampguy@juno.com

Fir Point Medical Form

Name _____
 (____) _____ (____) _____
 Primary Phone # Secondary Phone #
 () Home () Cell () Work () Cell () Work () Other

Emergency Contact Information

Emergency Contact _____
 Relationship _____
 (____) _____ (____) _____
 Primary Phone # Secondary Phone #

Physician & Insurance Information

Doctor's Name _____
 Phone # (____) _____
 Health Insurance Provider _____
 Policyholder _____
 Group ID # _____
 Policy # _____
 Preferred Hospital _____

Medications

All medications (including "over-the-counter" meds) must be turned into the camp medic at registration. No medications will be distributed without its original container. If additional space is required, please use the back of this form.

Med _____ Dose _____
 Condition _____
 Instruction _____

Med _____ Dose _____
 Condition _____
 Instruction _____

Med _____ Dose _____
 Condition _____
 Instruction _____

Medication Permission

__ Acetaminophen (i.e. Tylenol) __ Ibuprofen (i.e. Motrin) __ Mylanta
 __ Antacid (i.e. Rolaids) __ Benadryl __ Imodium __ Throat Lozenges
 __ Neosporin __ Hydrocortisone Cream __ Chlortrimeton __ Sudafed
 __ Calamine/Caladryl __ Topical Anesthetic

Are you allergic to any medication? () Yes () No
 If yes, please explain _____

Additional information on back: () Yes () No

Health History

Health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. If space is insufficient, please use the back of this form.

Date of last Tetanus booster ____/____/____

Please circle and explain all which apply

Diabetes Asthma Heart Problems Kidney Problems
 ADD/ADHD Fainting Tuberculosis Tubes in ears

Severe reactions to food, bee stings

Please explain _____

Any restrictions of activity due to disability or for medical reason?
 () Yes () No
 If yes, please explain _____

Do you have any allergies? () Yes () No
 If yes, please explain _____

Any special diet needs? (diabetic, food allergies, etc.)
 () Yes () No
 If yes, please explain _____

Any other medical conditions of which the camp staff should be aware?
 () Yes () No
 If yes, please explain _____

Emergency and Liability Release

The health information recorded on this form is correct as far as I know, and the person described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand all activities are completely voluntary. I recognize the inherent risk of injury in camp activities including, but not limited to, swimming, archery, obstacle courses, paintball, and hiking. I understand that Fir Point has taken safety measures, including having certified staff in CPR, first aid, and water safety and making every effort to aid the safety of all camp staff and campers. However, I recognize that Fir Point cannot ensure or guarantee the participants, equipment, grounds, and/or activities will be free of accident or injuries. I am aware of (or have instructed my minor child) the importance of knowing and abiding by the camp rules and regulations, and I voluntarily waive any liability claim against Fir Point and camp personnel for damages, attorney fees, or expenses arising out of, or in connection with, any activities of the above organization. I understand transportation to and from camp (and any liability thereof) is the responsibility of myself or my minor child, and not of Fir Point.

I hereby grant permission for myself (or my child) to receive first aid and emergency treatment by the camp medic in the event of illness or injury, or by the hospital emergency room in case I cannot be reached immediately. This completed form may be photocopied to have a set available for transportation records and for the Fir Point office.

Signature _____ Date _____
 (if person is 18 years or older)

(For office use only) Last Name _____

First Name _____