

CAMPER REGISTRATION AND HEALTH FORM 2021

Register by mail or website

501 McCaffery Rd * Bigfork, MT 59911 * P.406.837.4864 * www.bigskybiblecamp.org * info@bigskybiblecamp.org
 Camperships are available for those who cannot afford camp — call or email for more details.



BIG SKY
BIBLE CAMP

CAMP ATTENDING:

Wilderness Camp:

*For an application regarding Trail Camp, please contact our office.

Before March 15 After March 15

| | | | | | |
|--------------------------|-------------|---------------------|-------------|-------|-------|
| <input type="checkbox"/> | July 25-30 | Intro to BP (Boys) | Grades 6-9 | \$250 | \$275 |
| <input type="checkbox"/> | August 1-6 | Intro to BP (Girls) | Grades 6-9 | \$250 | \$275 |
| <input type="checkbox"/> | August 7-14 | Advanced BP (Coed) | Grades 9-12 | \$300 | \$325 |

Please check box in the listed schedules. Each camp is grade specific. The grade levels are according to grade entering in the fall. We do allow campers to attend lower-aged weeks within reason. We do not allow campers to attend an older-aged week.

Traditional Camp:

Before March 15 After March 15

| | | | | | |
|--------------------------|-------------|--------------------|-------------|-------|-------|
| <input type="checkbox"/> | June 13-18 | High School | Grades 9-12 | \$250 | \$275 |
| <input type="checkbox"/> | June 20-25 | Man Week | Grades 6-9 | \$250 | \$275 |
| <input type="checkbox"/> | July 11-16 | 1st Junior | Grades 3-6 | \$250 | \$275 |
| <input type="checkbox"/> | July 18-23 | All Girls Jr. High | Grades 6-9 | \$250 | \$275 |
| <input type="checkbox"/> | July 25-30 | 2nd Junior | Grades 3-6 | \$250 | \$275 |
| <input type="checkbox"/> | August 1-6 | Jr. High Coed | Grades 6-8 | \$250 | \$275 |
| <input type="checkbox"/> | August 8-13 | 3rd Junior | Grades 3-6 | \$250 | \$275 |

Day Camp:

| | | | | | |
|--------------------------|------------|------------|------------|-------|---|
| <input type="checkbox"/> | June 21-24 | Day Camp 1 | Grades k-3 | \$160 | / |
| <input type="checkbox"/> | July 19-22 | Day Camp 2 | Grades k-3 | \$160 | / |
| <input type="checkbox"/> | August 2-5 | Day Camp 3 | Grades k-3 | \$160 | / |

Camper's First Name: _____ Camper's Last Name: _____ Male Female

How did you hear about Big Sky? _____

Would you like to be added to the Big Sky Bible Camp Mailing List? Yes, physical mail Yes, email No

Cabin Mate (please limit to one friend): _____ Church (if you have one): _____

School: _____ Birthdate: ___/___/___ Grade (entering in fall): ___ Parent/Guardian: _____

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

Parent/Guardian Contact Info - Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Alternate emergency contacts should the parent/guardian be unavailable:

1) Name: _____ Phone: (____) _____ 2) Name: _____ Phone: (____) _____

Are all immunizations up to date? Yes No If no, please specify _____

Date of last Tetanus Booster: ___/___/___ Operations or Serious Injuries (Including dates) _____

Allergies or Special Diets: _____

List of all medications and instructions (including doctor's diagnosis): _____

PARENT AUTHORIZATION: This box must be completed for camp attendance.

* I grant Big Sky Bible Camp permission to use camp photographs and/or video of my child for camp promotion and publicity.

* I give permission and consent for my child to be transported in a vehicle and/or boat with the understanding that the vehicle/vessel will be driven by a trained and qualified Big Sky Bible Camp staff member for the purpose of some camp activities.

* I understand that Big Sky Bible Camp only carries secondary insurance for campers and that I will take primary responsibility for any charges occurring in the event that the camper named above should need any medical attention at any clinic, facility or hospital.

* The undersigned, intending to be bound hereby, realizing it is the camp's desire to give each camper a safe and beneficial stay, and realizing each camper is covered by a reputable insurance plan, releases forever Big Sky Bible Camp and all individuals associated therewith, from any and all liability for any injury or damage (including all claims and liability for damage resulting from injuries received from bee or hornet stings and any other insect bites) which may be sustained by the undersigned and/or child of undersigned or property of the same at or in transit to or from any camp conducted activity or under the auspices of Big Sky Bible Camp.

* I hereby give permission for the release of pertinent medical information regarding my child to all appropriate Big Sky Bible Camp staff.

* IN CASE OF EMERGENCY, I hereby give permission to the medical staff selected by the camp to hospitalize, secure proper treatment for and to order injection or surgery for my child as named above.

Parent/Guardian Signature _____ Printed Name _____ Date _____

Optional Items: If selected, please add to total at right.

Day Camp Transportation:

Transportation is available from Kalispell to Big Sky Bible Camp and back for each week of Day Camp. Cost is \$40 for the entire week. See confirmation letter for details.

Store:

Campers visit the camp store each day they are at Big Sky Bible Camp. Spending money will go into an account for them. Recommended amount is \$15 - \$30.

Amount: \$ _____

Camperships:

Please consider helping others come to camp!

I have enclosed a gift of

\$100 \$50 \$20 Other _____

Family Discounts:

- 1st Camper - Full Price
- 2nd Camper - \$10 off
- 3rd Camper - \$20 off
- 4th Camper - \$40 off

Payment: A \$50 deposit is required with registration. The balance (camp fee minus \$50) is due before opening day of camp.

Please make checks payable to Big Sky Bible Camp.

Registration - minimum \$50 \$ _____
 Camp Store \$ _____
 Transportaion \$ _____
 Camperships \$ _____
 Total \$ _____