



**LOCATION:** Whispering Pines Bible Camp is seven miles north of Durango nestled in the mountains of the west side of the Animas Valley (above Trimble Hot Springs). Physical address: 6809 C.R. 203, Durango, CO 81301

**CAMP PURPOSE:**

To provide a retreat where concentrated learning and applying God's Word is practiced, ministry training occurs and Christ is proclaimed in a fun and friendly atmosphere. Whispering Pines Bible Camp provides opportunities for all ages to develop a greater understanding of who God is, serve Him, and to enjoy Him as they spend a week in the beautiful mountains near Durango. It is owned and managed by First Baptist Church of Durango, Colorado

**Deadline to turn in this form and pay the camp fee is June 15, 2016. Please note that space is limited in each camp! Campers will be officially registered when this form and fee is received. Please keep this page for your information and complete the registration form. Mail it to the address below:**

**332 E. 11<sup>th</sup> Street, Durango, CO 81301**

**Potluck & Pick-up**

On the Saturday following each camp, please join us for an all-family camp picnic at **11:00am**. Campers will leave with their parents after the picnic (unless other arrangements have been made with Camp Manager). WPBC will provide the main dish & drinks.

**Camper's Name** \_\_\_\_\_

**# Who plan to attend "Potluck & Pick-up"?** \_\_\_\_\_

**Please let us know what you will bring:**

- Salad (green, fruit, jello)
- Side-dish (potato salad, baked beans, coleslaw)
- Dessert
- Fruit/veggies
- Other: \_\_\_\_\_

**WHAT YOU NEED TO BRING:**

- ❖ **HS, 4/5, MS:** Pillow, sleeping bag, modest clothing (NO short shorts or clothing that shows midriff, cleavage, or any part of your undergarments), modest swim wear (one piece for girls, trunks for guys), pajamas, jacket, 2 pairs of shoes, bath towel and washcloth, toiletries, Bible, pen, flashlight, insect repellent, sunscreen, bag for dirty/wet clothing, night game clothing, and a great attitude.
- ❖ **VBS: Backpack, Water bottle, 2 towels, Bible and pencil- ALL labeled with your child's name**

**WHAT NOT TO BRING:**

Cell phones, radios, ipods, personal gaming systems, pets, firearms or fireworks, shaving cream, skateboards, alcohol, cigarettes, weapons, money, any personal item of value, or bad attitudes!

**WHAT YOU NEED TO KNOW:**

- **Campers need to attend the camp for the grade they will be entering. The Colorado Department of Human Services requires that all original paperwork (Camper Registration, Health information/releases, and Immunization Record, etc) be completed and signed by a legal parent or guardian before a child can attend camp.**
- **If a camper has any food allergies or dietary restrictions it is your responsibility to contact the camp office prior to attending camp to make arrangements for substitutions.**
- **Space is limited so register early! All registrations must complete & paid to reserve a spot. A separate form must be completed for each camper. A camp t-shirt is included in the price to attend camp. Full payment is due prior to your arrival at camp.**

Each camp begins Monday, with check-ins at 1st Baptist (332 E. 11th Street) in the overflow room at **9:00am (HS, 4/5, MS) and 8:30am (VBS).**

We will have final check-in and transportation up to Whispering Pines Bible Camp (6809 C.R. 203). **VBS pickup will be PROMPTLY at 5PM.**

**Camper Section**

(to be filled out completely and signed by camper)

Name you prefer to be called: \_\_\_\_\_

Things you like to do: \_\_\_\_\_  
\_\_\_\_\_

What are you looking forward to at camp? \_\_\_\_\_  
\_\_\_\_\_

Who do you know that is attending this camp? \_\_\_\_\_

Do you have a Bible? **Yes** **No**

Do you go to church? **Weekly** **Sometimes** **Never**

If so, what church do you attend? \_\_\_\_\_

What is something you really like about yourself? \_\_\_\_\_  
\_\_\_\_\_

What do you think about God? \_\_\_\_\_  
\_\_\_\_\_

What do you hope to get out of camp this week: \_\_\_\_\_  
\_\_\_\_\_

How can Camp Staff pray for you? \_\_\_\_\_  
\_\_\_\_\_

What else should Camp Staff know about you? \_\_\_\_\_  
\_\_\_\_\_

**I, the camper, agree to participate in all activities (work, sports, games, Bible study, and worship to God). I will not bring anything I shouldn't, will obey ALL camp rules & regulations, and participate in Quiet Time each day. I will show respect to ALL Camp Staff (Mgr, Director, teacher, counselors, Cook, LiTs, etc).**

Camper Signature \_\_\_\_\_

To report any suspected child abuse or if you have any concerns with the child care licensing of Whispering Pines Bible Camp, you can contact the Department of Human Services, Division of Child Care, 1575 Sherman St, 1st Floor, Denver, CO 80203-1714; 303-866-5958 or 970-259-5456

# WPBC Camper Application 2017

All overnight camps are \$150.00      VBS (Day Camp) is \$50

- High School Camp (9-12<sup>th</sup>): June 26 – July 1
- 4th & 5th Grade Camp: July 10 – 15
- Middle School Camp (6-8<sup>th</sup>): July 17 – 22
- VBS Camp (1<sup>st</sup>-3<sup>rd</sup>): July 24 - 29

**Admin ONLY:**

PAID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ = PD in FULL  
[CASH/CHECK- ONLINE- SCHOLARSHIP]

Camp: HS 4/5 MS VBS T

**TSHIRTS:** Campers receive a free t-shirt with registration.

**Camper SIZE (circle):**

**YOUTH: SM MED LG**

**ADULT: SM MED LG XL**

Additional shirts can be ordered.  
Payment is due with registration:

**Size(s) & QTY:**

\_\_\_\_\_

\_\_\_\_\_

**Camper Name** \_\_\_\_\_ M \_\_\_ or F \_\_\_ Birthdate \_\_\_\_\_ Grade next Fall \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Age at time of camp \_\_\_\_\_

Parent/Guardian Employer and Street Address \_\_\_\_\_

Email Address \_\_\_\_\_

Person(s) **permitted** to take child from camp other than the Parent(s)/Guardian(s) listed above (name, address, phone number)

\_\_\_\_\_

Person(s) **NOT permitted** to take child from camp \_\_\_\_\_ (please include court documents if applicable)

### EMERGENCY CONTACTS

In case of an emergency while the child is at camp or early dismissal due to health/behavior:

**1st Emergency Contact:** name: \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

**2<sup>nd</sup> Emergency Contact** (if Parent(s)/Guardian(s) cannot be reached)

name: \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

### Parent/Guardian Release

(Required for enrollment)

I have examined the program that Whispering Pines Bible Camp offers my son/daughter and I understand that an important part of the program is their participation in Bible Study and Worship attendance. I encourage such participation. I authorize my son/daughter to participate in hiking, use of the tire swing, and service projects that may take place in the Durango area. I accept responsibility to provide medical insurance for my child in the event of any accident or injury while at camp. I also understand that the tire swing can be hazardous and there are risks involved. I will not hold Whispering Pines Bible Camp liable if my child is injured while participating in the tire swing program. Each camper will participate in a tire swing class before swinging. The undersigned further releases Whispering Pines Bible Camp from any and all actions, causes of action, liability, claims and demands upon or by reason of any damages, loss, injury or suffering which may occur. Whispering Pines Bible Camp will do its utmost to run a safe program. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment (including surgery) for my child. I also authorize photos and video to be taken of my child for use in camp promotional materials.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## Physical Form

This form is required by Colorado law and must be filled out and signed by camper's physician in order to attend camp. If your doctor uses a separate form, make sure the information asked for below is included in that form, including shot records.

\*VBS campers do NOT need a physical- only the meds & OTC signatures by a physician.

Camper Name \_\_\_\_\_ Date of last physical examination  On file with WPBC? Y / N  
Exam must be done by a licensed physician or qualified, licensed nurse practitioner (must be within the last 24 months of camp dates):

❖ Past history of serious lacerations, injuries, illnesses, communicable diseases, or other concerns that may affect camper's ability to participate in camp activities: \_\_\_\_\_

❖ Allergies or Drug Reactions: \_\_\_\_\_

❖ Food Allergies and / or Dietary Restrictions \_\_\_\_\_ Gluten \_\_\_\_\_ Lactose \_\_\_\_\_ Other (Please Explain) \_\_\_\_\_

Please list ALL medications, including over-the-counter, that the camper will be taking at the time of camp.

<u>Name of Medication</u>	<u>Date meds started</u>	<u>Purpose of Med</u>	<u>Dosage</u>	<u>Time of day</u>

ALL medications have to be turned into the camp nurse at the time of check-in. By state regulations, campers cannot keep any medications with them (with the exception to some inhalers). The camp medic will make sure the camper takes the prescribed dosages at the proper times. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, dosage, and the frequency of administration. Do not put pills in baggies/pill boxes. We must give the dosages as prescribed. If the dosage has been changed, make sure you bring a written doctor's prescription that gives the adjusted dosage.

I have examined this camper and found him/her to be in satisfactory physical condition and capable of active participation in a regular camp program except as follows: \_\_\_\_\_

Signature of PHYSICIAN or NURSE PRACTITIONER \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Printed Name of PHYSICIAN or NURSE PRACTITIONER \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Authorization for Administration of Medications & Over-the-Counter**

I hereby authorize the properly qualified health supervisor of Whispering Pines Bible Camp to administer medication which has been prescribed to the camper attending the above-named camp. Furthermore, I authorize WPBC to administer any over-the-counter products to this camper, EXCEPT those that have been crossed off below.

Bug Spray   Hydrocortisone   acetaminophen   ibuprofen   antihistamine   sunscreen   antibiotic ointment   Tums  
Aloe sunburn gel   Benadryl   Caldryl Lotion   Gas Relief- Simethicone   Vitamin C

❖ **PHYSICIAN or NURSE PRACTITIONER Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

❖ **Parent(s)/Guardian(s) Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Immunization Records**

Please attach Colorado Certificate of Immunization that has the month and year for the following vaccines: Diphtheria-Tetanus-Pertussis (DTP or Baby Shots), Tetanus-Diphtheria (TD), Polio, Measles (Hard, Red), Rubella (German Measles), Mumps. Your camper registration is not complete without these records.

**On file with WPBC?   Y / N**

**Authorization for Emergency Medical Care**

I give my permission to Whispering Bible Camp officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child should an emergency arise. It is understood that camp officials will make a conscientious effort to locate the emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

**Parent(s)/Guardian(s) signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**MEDICAL INSURANCE**

All registrants are covered by excess camper medical insurance and subject to the limits thereof, individual insurance is primary.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Copy of insurance cards attached?

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent Initials:

Please note that all information **must be complete** or your child cannot be permitted to attend camp.