

WPBC CAMPER Registration 2019

\$150



CIRCLE ONE BELOW

HS Camp: July 8-13

MS Camp: July 15-20

4th & 5th Camp: July 22-27

Whispering Pines Bible Camp Durango, Colorado

PLEASE PRINT AND FILL OUT COMPLETELY

TSHIRT SIZE:

YOUTH: SM MED LG

ADULT: SM MED LG XL

Name _____ Birthdate _____ **MALE / FEMALE**

Mailing Address _____ City _____ State _____ Zip _____

Parent Email Address _____ CAMPER Email Address _____

Home Phone (_____) _____ Camper Cell Phone (_____) _____

Parent #1 Name _____ Parent Cell Phone (_____) _____

Parent #1 Employer Name _____ Address _____

Work Phone (_____) _____ Email _____

Parent #2 Name _____ Parent Cell Phone (_____) _____

Parent #2 Employer Name _____ Address _____

Work Phone (_____) _____ Email _____

EMERGENCY CONTACTS

In case of an emergency, evacuation, or early dismissal, the following people are authorized to pick up my child if I cannot be reached:

1st Emergency Contact:

Name: _____ relationship _____ phone _____

Physical Address: _____

2nd Emergency Contact (if 1st contact cannot be reached)

Name: _____ relationship _____ phone _____

Physical Address: _____

Person(s) NOT authorized to pick up my child: _____

If you have any questions, please contact WPBC Manager: Christina McMunn
office: (970)247-0624 cell (970)259-7773 email: WhisperingPinesBibleCamp.1stB@gmail.com

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, field & porch games, 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 _____

Camper Questionnaire

1. Do you attend church regularly? ____ If so, where? _____
2. Do you own a Bible? YES / NO
3. What are you looking forward to at camp? _____
4. Do you know anyone else attending this camp? _____ If so, who? _____
5. What do you like about yourself? _____
6. What should Camp Staff know about you? _____
7. How can Camp Staff pray for you? _____

I, the camper, agree to participate in all activities (work, sports, games, Bible study, and Quiet Time). I will not bring anything I shouldn't bring, I will obey ALL camp rules & regulations, and will show respect to ALL Camp Staff (Mgr, Director, Teacher, Counselors, Cooks, LiTs, etc).

Camper Signature _____

Physical/ Health Forms

This form is required by Colorado law and must be filled out and signed by staff physician or RN 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 the official CDPHE Certificate of Immunization.

❖ Date of last physical examination

On file with WPBC? Y / N

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

❖ Allergies or Drug Reactions: _____

❖ Food Allergies and / or Dietary Restrictions _____

❖ Gluten _____ Lactose _____ Other (Please Explain) _____

Weekly menus are available upon request.

Parents/Guardians are responsible for supplying any substitutions of ingredients or foods due to allergies or food preferences.

This form is required by Colorado law and must be within the last 24 months of camp. If your doctor uses a separate form, make sure the information asked for below is included in that form, including the CDPHE Certificate of Immunization. It ALSO must be signed AT LEAST 10 days PRIOR to camp.

Camper Name _____

DOB _____

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 _____ Date _____

Printed Name of PHYSICIAN or NURSE PRACTITIONER _____

Clinic/Hospital _____ Address _____

Phone (_____) _____

Immunization Records

NOTE: In order to comply with the School Immunization Act, all childcare facilities, including camps, must have children's immunizations recorded on the official Health Department's Certification of Immunization forms.

These forms must be updated YEARLY and may be obtained from your doctor or from the CDHS website.

If your child is EXEMPT, an official exemption form for every missed vaccination must be on file.

CAMPER registrations will NOT be accepted without these records.

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

I hereby authorize the properly qualified health supervisor of Whispering Pines Bible Camp to administer medication which has been prescribed to the staff attending the above-named camp. Furthermore, I authorize WPBC to administer the listed over-the-counter products to this camper. Lastly, I authorize WPBC to apply sunscreen/ Topical Preparations as needed.

Parent/Guardian Signature _____

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

A **physician, PA or Nurse Practitioner** MUST list any of the following items- with specific dosage information, otherwise your camper will not be allowed to have it: **bug spray/bug bite relief, Hydrocortisone, Acetaminophen/ Ibuprofen, antihistamine, Tums, sunburn gel, Benadryl, gas relief, antibiotic ointment and all vitamins/homeopathic products.**

<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, staff cannot keep any medications with them (with the exception to some inhalers). The camp medic will make sure the staff 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.

❖ **PHYSICIAN or NURSE PRACTITIONER Signature** _____ **Date** _____

❖ **Parent(s)/Guardian(s) Signature (if a minor)** _____ **Date** _____

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 minor 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 campers are covered by excess medical insurance and subject to the limits thereof, however, **individual insurance is primary.**

Insurance Company _____ Policy Number _____

Address _____ Phone Number _____

Copy of Insurance Cards included

Copies of Insurance Cards

Doctor's Name _____ Clinic/Hospital _____

Address _____ Phone _____

Please note that all information **must be complete** or camper registration will not be accepted.

WPBC Administrative Checklist

Camper Registration is complete Date _____ Admin Initials _____

T-Shirt Size Date _____ Admin Initials _____

Camper Medical Forms are included Date _____ Admin Initials _____

Camper Insurance Forms are included Date _____ Admin Initials _____

Camper Immunization Forms are included Date _____ Admin Initials _____

Camper Registration Payment is complete Check/Cash _____ Scholarship _____ Date _____ Admin Initials _____

Whispering Pines Bible Camp

POTLUCK & PICKUP

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 the Camp Manager). WPBC will provide the main dish & drinks.

Camper's Name _____

Number of family members planning to attend _____

We will bring:

- Salad (green, fruit, other) _____
- Side-dish _____
- Dessert _____
- Fruit/Veggies _____
- Other _____



Location: Whispering Pines Bible Camp is seven miles North of Durango, nestled in the mountains on the West side of the Animas Valley (above Trimble Hot Springs). Physical Address: 6809 CR 203, Durango, CO 81301

Purpose: We seek to provide a retreat where concentrated learning and application of God's Word is practiced, ministry training occurs, and Christ is proclaimed in a fun & supportive atmosphere. WPBC provides opportunities for all ages to develop a greater understanding of who God is, to be encouraged in faith, and build relationships as they spend a week in the beautiful mountains near Durango.

WPBC is owned and managed by First Baptist Church of Durango- located at 332 E. 11th Street, Durango, CO 81301

DEADLINES & DISCOUNTS

Due to new state licensing regulations, completed Registrations & payments that are NOT received 10 days prior to 1st day of camp CANNOT be accepted!

- COMPLETED registration/payment received by JUNE 1ST= -20%**
- COMPLETED registration/payment received by JUNE 15th= -15%**
- COMPLETED registration/payment received by JUNE 20th= -10%**
- Bring a "FIRST TIME FRIEND"= -\$50/each**
- Scholarships given for serving at camp: Staff, LiT, Work Days, Camp Committee, etc.**

CAMPER CHECK-IN

MONDAYS @ 9:00AM
1st Baptist Church of Durango
332 W. 11th Street