

CAMPER REGISTRATION AND HEALTH FORM 2020

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 e-mail for more details.

BIG SKY BIBLE CAMP

Traditional Camp

			Before Mar 15	After Mar 15
<input type="checkbox"/>	June 21 - 26	High School	Grades 9-12	\$235 \$260
<input type="checkbox"/>	July 12 - 17	1st Junior	Grades 3-6	\$235 \$260
<input type="checkbox"/>	July 19 - 24	Man Week	Grades 6-9	\$235 \$260
<input type="checkbox"/>	July 26 - 31	2nd Junior	Grades 3-6	\$235 \$260
<input type="checkbox"/>	August 2 - 7	Jr High Coed	Grades 6-8	\$235 \$260
<input type="checkbox"/>	August 9 - 14	All Girls Jr High	Grades 6-9	\$235 \$260
<input type="checkbox"/>	August 16 - 21	3rd Junior	Grades 3-6	\$235 \$260

Day Camp

<input type="checkbox"/>	June 22 - 25	Day Camp 1	Grades K-3	\$140 /
<input type="checkbox"/>	July 20 - 23	Day Camp 2	Grades K-3	\$140 /
<input type="checkbox"/>	August 3 - 6	Day Camp 3	Grades K-3	\$140 /
<input type="checkbox"/>	August 10 - 13	Day Camp 4	Grades K-3	\$140 /

CAMP ATTENDING:

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.

**Both Trail Camp and Camp Promise require an additional registration form. Please contact camp for this or register online.

Wilderness Program

			Cost
<input type="checkbox"/>	July 10 - 24	Trail Camp**	Grades 9-Grad \$175
<input type="checkbox"/>	August 2 - 7	Jr High Girls Backpacking	Grades 6-9 \$240
<input type="checkbox"/>	August 9 - 14	Jr Boys Backpacking	Grades 5-7 \$240

Camp Promise

<input type="checkbox"/>	June 30 - July 4	Camp Promise 1**	\$310
<input type="checkbox"/>	July 7 - 11	Camp Promise 2**	\$310

Would you like to be added to the Big Sky Bible Camp Mailing List? Yes No If yes, physical mail or e-mail? Physical E-mail

How did you hear about Big Sky? _____

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

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

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

Address: _____ City: _____ State: ____ ZIP: _____

Day Phone: (____) _____ Cell: (____) _____ Parent E-mail: _____ Camper E-mail: _____

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 Include: _____

List of all medications and instructions (including doctor's diagnosis - why the meds were prescribed): _____

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.

Memorabilia:

Cabin Picture - A laminated photo of your cabin. - \$5

Camperships:

Please consider helping others come to camp! I have enclosed a gift of

\$50 \$20 \$10 Other _____

Family Discounts:

1st Camper - Full Price
2nd Camper - \$10 off
3rd Camper - \$20 off
4th Camper - \$30 off

A \$50 deposit is required with registration. The balance (camp fee minus \$50 deposit) is due before opening day of camp. We recommend \$15-\$30 spending money for each week of camp at the camp snack shop.

Please make checks payable to Big Sky Bible Camp

Amt. to be paid - minimum \$50 \$ _____

Camp Store & Transportation \$ _____

Camperships \$ _____

Cabin Picture \$ _____

Total \$ _____