

2019 Pacific NW Lutheran Brethren Bible Camp - June 25 – June 30

Office Use Only

Family Name: _____ Home Church: _____
 Address: _____ Home #: _____
 City: _____ State: _____ Zip: _____ Cell #: _____
 E-Mail: _____

Date _____
 House _____
 Code _____
 ENT _____
 Disc _____
 GL P17LBFC _____
 MIP _____

Individual Camper Information: Camper's Name (Last, First)	Age & DOB (i.e. 41/MN-DY-YR)	M/F	Grade (Fall '19)	SURGE/Sonburst Tee Shirt Size	Program Choice (SonRise, SURGE, Sonburst, Adult)	First Time Camper?
1) _____	_____/____/____	____	____	____	____	____
2) _____	_____/____/____	____	____	____	____	____
3) _____	_____/____/____	____	____	____	____	____
4) _____	_____/____/____	____	____	____	____	____
5) _____	_____/____/____	____	____	____	____	____

Section A: Program Fees

	Before May 1	After May 1
Adults In cabins/lodges or RV/Tent Campers, w/ Meals For RV/Tent Campers, w/o Meals	\$304 \$134	\$324 \$154
Sonburst, Grade 7 through Grade 12 Program Fee, Cabin, Tee Shirt & Meals w/ Parents, Program Fee, Tee Shirt & Meals	\$306 \$306	\$326 \$326
SURGE, Grade 4 through Grade 6 Program Fee, Cabin, Tee Shirt & Meals w/ Parents, Program Fee & Tee Shirt, w/ Meals	\$294 \$294	\$314 \$314
SonRise, Age 5 through Grade 3 In cabins/lodges or RV/Tent Campers, w/ Meals For RV/Tent Campers, w/o Meals	\$270 \$134	\$290 \$154
Age 3 through Age 4 (With or Without Meals)	\$ 49	\$ 69
Birth through Age 2 (With or Without Meals)	FREE	FREE

Section B: Room/Site Fees

- Provides for 5 nights of lodging
- Camper's**, Birth to 3rd Grade, must stay with their parents.
Everyone, except for Sonburst and SURGE youth, must make an accommodation choice.
- Sonburst:** Room Fee included in Program Fee
- SURGE:** Room Fee included in Program Fee
- Olympic View Lodge:** \$403
Private Bathroom, Sleeps up to 4, Linens provided
- Mt. Baker Cabins:** \$263
Private Bathroom, Sleeps up to 6
- RV/Tent Campground:** \$ 47
110 Campsites with water & electricity, some with full sewer hookups

Questions about camp? Contact Kathy Forbes by e-mail at gfor@aol.com or by phone at (360) 456-5071.
 Various discounts are available! Is this your first time at camp? Is your entire family attending for the whole week?
 Does your church offer scholarships? Are you a Pastor? If you answered "Yes" to any of these questions, you may be eligible for a discount!

Section A - Program Fees

of Adult Campers: _____ X \$ _____ = \$ _____
 # of Sonburst Campers: _____ X \$ _____ = \$ _____
 # of SURGE Campers: _____ X \$ _____ = \$ _____
 # of SonRise Campers: _____ X \$ _____ = \$ _____
 # of Age 3 thru Age 4: _____ X \$ _____ = \$ _____
 # of Birth thru Age 2 : _____

Total of Section A: \$ _____

Section B - Room/Site Fee

Section B Fee: \$ _____

(Fill in your Room/Site choice. See Section B above)

Preliminary Camp Cost: Section A + B: \$ _____

- Complete this form & send it, along with a \$35 per person, non-refundable deposit to: **Registration**
Warm Beach Camp
20800 Marine Drive
Stanwood WA 98292

Please make checks payable to "Warm Beach Camp"

Payment Amount: \$ _____

Payment is: Cash Check # _____ Credit (Visa/MC/Discover)

Cardholder Information for Credit Card Payments:
Card No: _____
Exp. Date ____/____/____ **CVV** _____ (Last group of numbers found on back of card)
Name: _____ **Phone** _____
(Please Print name as it appears on the front of the Credit Card)
House #: _____ **Zip Code** _____
Card Holder's signature _____

2019 Pacific NW Lutheran Brethren Bible Camp (LBBC)

EMERGENCY CONTACT AND MEDICAL RELEASE FORM

(One Form per Family. This Form must be signed.)

In case of an emergency, I hereby give permission to the physician chosen by the Camp Board or Staff of the LBBC to secure treatment, hospitalization, order injections, anesthesia, or surgery for my child/children.

I authorize Camp Staff to dispense non-prescription medication (ibuprofen, acetaminophen, Benadryl, etc.) to my child, (list names) _____

Emergency Contact _____ Phone #: _____

Contact person at Camp: _____

Special Needs/Allergies: _____

Parent/Guardian name ⇨ _____ Date: _____

Signature ⇨ _____

ADMINISTRATION OF PRESCRIPTION MEDICATION FORM

- All prescription medications* must be checked in and dispensed by Camp Nurses and the Authorization below must be completed and signed by a Parent/Guardian.
- A separate form must be completed for each Camper requiring prescription Medication.
- * Inhalers: If to be self-administered by camper, a parent/guardian must initial here _____

Camper's Name: _____

Physician's Name: _____ Phone # _____

Medications: [Name, Dosage, Time(s) to be given, Method of Administration, Storage Instructions]

• Any other special requirements or needs (INCLUDE ALLERGIES): _____

- I certify that a valid health reason exists requiring that the medication be administered while attending the Lutheran Brethren Bible Camp (LBBC).
- I request and authorize that the above named camper be administered the above identified medication in accordance with the instructions indicated.
- I certify that I am the parent/guardian in legal control of the above named camper.
- I have read this form. I request and authorize staff of LBBC to administer the medication prescribed.
- The medication will be furnished by me, in the original prescription container.
- I understand that my signature indicates that the LBBC accepts no liability for untoward reaction when the medication is administered in accordance with the instructions/directions provided.
- I also agree that because of the camp's schedule and other responsibilities of camp staff members, it is permissible for dosage or dosages to be delayed or missed.
- You have my permission to communicate freely with the above named physician.
- I understand that Warm Beach Christian Camps and Conference Center is in no way involved with this medication administration and I agree to hold them harmless regarding such administration by LBBC staff.

Signature is required to dispense any prescription medications.

Parent/Guardian name ⇨ _____ Date: _____

Signature ⇨ _____