

# 2020 Pacific NW Lutheran Brethren Bible Camp - June 30 – July 5

## 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:<br>Camper's Name (Last, First) | Age & DOB<br>(i.e. 41/MN-DY-YR) | M/F  | Grade<br>(Fall '20) | SURGE/Sonburst<br>Tee Shirt Size | Program Choice<br>(SonRise, SURGE,<br>Sonburst, Adult) | First Time<br>Camper? |
|---|---------------------------------|------|---------------------|----------------------------------|--|-----------------------|
| 1) _____  | _____/____/____                 | ____ | ____                | ____                             | ____   | ____                  |
| 2) _____  | _____/____/____                 | ____ | ____                | ____                             | ____   | ____                  |
| 3) _____  | _____/____/____                 | ____ | ____                | ____                             | ____   | ____                  |
| 4) _____  | _____/____/____                 | ____ | ____                | ____                             | ____   | ____                  |
| 5) _____  | _____/____/____                 | ____ | ____                | ____                             | ____   | ____                  |

| Section A: Program Fees                              | Before       | After        |
|--|--------------|--------------|
| <b>• Adults</b>                                      | <b>May 1</b> | <b>May 1</b> |
| In cabins/lodges or RV/Tent Campers, w/ Meals        | \$320        | \$340        |
| For RV/Tent Campers, w/o Meals                       | \$134        | \$154        |
| <b>• Sonburst, Grade 7 through Grade 12</b>          |              |              |
| Program Fee, Cabin, Tee Shirt & Meals                | \$322        | \$342        |
| w/ Parents, Program Fee, Tee Shirt & Meals           | \$322        | \$342        |
| <b>• SURGE, Grade 4 through Grade 6</b>              |              |              |
| Program Fee, Cabin, Tee Shirt & Meals                | \$300        | \$320        |
| w/ Parents, Program Fee & Tee Shirt, w/ Meals        | \$300        | \$320        |
| <b>• SonRise, Age 5 through Grade 3</b>              |              |              |
| In cabins/lodges or RV/Tent Campers, w/ Meals        | \$282        | \$302        |
| For RV/Tent Campers, w/o Meals                       | \$134        | \$154        |
| <b>• Age 3 through Age 4 (With or Without Meals)</b> | \$ 49        | \$ 69        |
| <b>• Birth through Age 2 (With or Without Meals)</b> | FREE         | FREE         |

- Section B: Room/Site Fees**
- Provides for 5 nights of lodging
  - **Campers**, 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:** \$431  
Private Bathroom, Sleeps up to 4, Linens provided
  - **Mt. Baker Cabins:** \$281  
Private Bathroom, Sleeps up to 6
  - **RV/Tent Campground:** \$ 50  
110 Campsites with water & electricity, some with full sewer hookups

Questions about camp? Contact Kathy Forbes by e-mail at [gfor@aol.com](mailto: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** \_\_\_\_\_

## 2020 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 ⇨ \_\_\_\_\_