

Please cut out form on dashed line

Please fold on dotted line and  
mail in business-sized envelope

## 2025 Registration Form Lake Blaine Baptist Bible Camp

**Important:** Complete both sides of form. Please  
fill out one form for each camper.

Camper Name		<input type="checkbox"/> M	<input type="checkbox"/> F
Street Address			
City	State	Zip	
Phone (     )	Birthdate M/D/Y /   /	Age	
Grade this Fall	Name of Church		
(Optional) E-mail of parent or guardian			

(Please include if you wish to receive periodic updates)

Check the appropriate camp week:

<input checked="" type="checkbox"/> Camp Week	Cost*	
	before 6/1	after 6/1
<input type="checkbox"/> <b>Jr. Boys</b> —July 7–11	\$90.00	\$110.00
<input type="checkbox"/> <b>Jr. High</b> —July 14–19	\$100.00	\$120.00
<input type="checkbox"/> <b>Sr. High</b> —July 21–26	\$100.00	\$120.00
<input type="checkbox"/> <b>Jr. Girls</b> —July 28–Aug 1	\$90.00	\$110.00

\*Full payment or a \$20 dollar, non-refundable registration fee  
(applied toward cost of camp) must accompany this form.

Please make checks payable to  
Lake Blaine Baptist Bible Camp

Amount Enclosed \$
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### Photograph Release

The undersigned hereby grants Lake Blaine Baptist Bible  
Camp permission to use camp photos of my son/daughter  
for the purpose of camp promotion and/or publicity.

Signature of parent or guardian	Date M/D/Y /   /
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### Camper Agreement

I have carefully read the camp "Rules & Dress Code" and  
"What not to Bring" sections. I agree to cooperate and  
comply in all these areas. I understand that violation of  
these regulations may result in my dismissal from camp.

Signature of camper	Date M/D/Y /   /
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Please mail camp registration form(s) to:  
Camp Treasurer  
936 4th Ave W • Kalispell, MT 59901

### How did you hear about LBBBC?

☐ Brochure ☐ Web Search ☐ Church ☐ Other:

## Medical Release Information & Authorization Form

Contact in case of **EMERGENCY**:

Contact Name	
Home Phone (     )	Work Phone (or cell) (     )

Insurance Company:

Name	Policy #
Phone Number	

### ✓ Special Medications

☐ Yes ☐ No

All medications brought to camp must be accompanied by  
a completed medication form which can be downloaded  
from LBBBC.org

### ✓ Medical Conditions & Allergies

<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Asthma
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy or disease of the nervous system	
<input type="checkbox"/> Other medical conditions	
<input type="checkbox"/> Bee Sting	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Other allergic reactions	

### ✓ Physical Limitations

<input type="checkbox"/> Physical or other disability
<input type="checkbox"/> Restricted activities

### ✓ Last Tetanus Shot

Date M/D/Y /   /
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### Medical Release

It is understood that all reasonable caution will be taken by those in  
charge to prevent injury or accident, however, in case of injury or illness,  
we give consent to hospitalization and medical or surgical treatment,  
including anesthesia, deemed necessary by a licensed physician. We also  
understand that the Accident and Illness Coverage of LAKE BLAINE  
BAPTIST BIBLE CAMP will cover expenses up to \$2500, and that ex-  
penses above this figure will be the responsibility of the undersigned.

Signature of parent or guardian	Date M/D/Y /   /
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Camp Insurance: American Income Life Insurance Co.,  
P.O. Box 50158, Indianapolis, IN 46250. Policy #3261