

# 2018 OFCR SUMMER BIBLE CAMP REGISTRATION FORM

## Pre-registered campers save \$10.00 & receive a free t-shirt!

**PLEASE FILL OUT THIS FORM COMPLETELY AND LEGIBLY. THANK YOU!**

*Note: If you have any questions, a special need, or concerns, please contact: Tim Lindsay (208-881-8667).*

Camper's name \_\_\_\_\_ Age \_\_\_\_\_ Grade next fall \_\_\_\_\_  
Circle one: Male \ Female Birthdate \_\_\_\_\_  
Bunk Mate Request \_\_\_\_\_ (We can't guarantee this request.)  
Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of parents/guardians \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Home church \_\_\_\_\_ Church location (city) \_\_\_\_\_

**I will comply with the camp rules and cooperate with the camp staff. I realize that failure to do so may result in my going home early from camp. Camper's signature** \_\_\_\_\_

### Medical/Personal Information

If your child *has unique health or behavioral problems, limitations, allergies, etc.*, please list and explain:

\_\_\_\_\_

This child is covered by \_\_\_\_\_ insurance company.

Policy # \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

Name and phone number of youth's doctor \_\_\_\_\_

**If your child has ever been arrested or been the subject of disciplinary action by any law enforcement agency, please list and explain.** \_\_\_\_\_

**It is necessary for us to require that the directions on the prescription must match the request of how the parents want the drug given. If you have been given different instructions by the doctor prior to camp, and it is not reflected on the present prescription bottle, you must have the doctor send a written change for said medication.** The following list of drugs are those that we have on hand at camp.

### **Please circle the drugs that you DO NOT want your child to receive:**

- |                                |                            |                                    |
|--------------------------------|----------------------------|------------------------------------|
| Tylenol                        | Hydrogen Peroxide          | Benzocaine                         |
| Ibuprofen                      | Alcohol swabs              | Tussin                             |
| Jr. Strength Tylenol/Ibuprofen | Saline solution            | Nasal decongestant                 |
| Extra-Strength Tylenol         | Bactine                    | Sucrets                            |
| Benadryl, Zyrtec               | Betadine                   | Cough drops                        |
| Chlortrimeton                  | Calamine lotion            | Anbesol                            |
| Tums                           | Triple antibiotic ointment | Skitter-stick (for mosquito bites) |
| Imodium A-D                    | Epsom salt                 | Sunscreen, Aloe                    |
| Pepto-Bismol                   | Hydrocortisone             | Latex                              |

*\*We also have an emergency bee sting kit that has injectable adrenalin (Epipen).\**

**Bus transportation to camp from Idaho Falls and Driggs is only \$25 round trip.**

**The Idaho Falls bus will leave from Calvary Baptist Church**

**(on First Street) promptly at 10:30 am on Mondays.**

**The Driggs bus will leave from Teton Valley Bible Church at 11 am on Mondays. The buses will be returning to IF and Driggs around 3:00-3:30 pm on Fridays.**

**\*Both sides of this form needs to be completed for your child to attend camp.\***

## FINANCIAL ASSISTANCE

If you need financial assistance in order for your child to be able to attend this camp, please notify your church pastor to see if help is available. If you are not affiliated with a church, or your church cannot help financially, please call Tim at OFCR at 208-881-8667.

### REFUND POLICY

OFCR offers a full refund until two weeks prior to camp or one-half refund thereafter.

**CHECK ALL THAT APPLIES:** Make checks payable to OFCR

<b>Sr. High Camp:</b>	July 9 <sup>th</sup> -13 <sup>th</sup> , 2018	Going into <b>Grades 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>, Graduated Seniors</b>	
Pre-register <i>by</i> June 9 <sup>th</sup>	\$175.00 _____	Posted <i>after</i> June 9 <sup>th</sup>	\$185.00 _____
<b>Jr. High Camp:</b>	July 16 <sup>th</sup> -20 <sup>th</sup> , 2018	Going into <b>Grades 8<sup>th</sup>, 9<sup>th</sup></b>	
Pre-register <i>by</i> June 16 <sup>th</sup>	\$165.00 _____	Posted <i>after</i> June 16 <sup>th</sup>	\$175.00 _____
<b>Middle School Camp:</b>	July 23 <sup>rd</sup> -27 <sup>th</sup> , 2018	Going into <b>Grades 6<sup>th</sup>, 7<sup>th</sup></b>	
Pre-register <i>by</i> June 23 <sup>rd</sup>	\$165.00 _____	Posted <i>after</i> June 23 <sup>rd</sup>	\$175.00 _____
<b>Jr. Camp:</b>	July 30 <sup>th</sup> -Aug. 3 <sup>rd</sup> , 2018	Going into <b>Grades 4<sup>th</sup>, 5<sup>th</sup></b>	
Pre-register <i>by</i> June 30 <sup>th</sup>	\$165.00 _____	Posted <i>after</i> June 30 <sup>th</sup>	\$175.00 _____

**Bus Transportation** (Add \$25 for round trip transportation) + \_\_\_\_\_

**Subtotal** = \_\_\_\_\_

Second family member (discount \$5.00) - \_\_\_\_\_

For each additional family member (discount \$10.00) - \_\_\_\_\_

*\*If taking family member discount, simply subtract discount from cost for check total.\**

**Total cost for this camper** \$ \_\_\_\_\_

If you would like to donate to the 'Scholarship Fund' for campers  
needing financial assistance, please specify the amount here. \$ \_\_\_\_\_

### Parent/Camper Agreement

**I understand** that there are certain risks inherent in camping and sports related activities, and I agree to assume those risks on behalf of myself and my child. **I hereby authorize** the camp staff, in their complete discretion, to take whatever steps they feel are reasonable to protect the health, safety, and welfare of my child; including, but not limited to, administering, or arranging for first aid, or emergency health care on behalf of myself and my child. I hereby waive and release any civil liability claims that may arise on account of my child's attendance at this camp, or any activities associated therewith, and I agree to release and hold harmless said camp, its owners, its staff, and its agents from any such claims; whether or not said claims arise on account of their own negligence. **I understand and consent** that camp photographs/videos in which my child may appear may be used in camp publicity, publications, or promotions. **I take responsibility** for my child's behavior, and acknowledge that my child will comply with the camp rules. I understand if they fail to comply, it is my responsibility to arrange their transportation home.

**Parent/Guardian Signature** \_\_\_\_\_

**(Camper signs if 18 or older)**

**SEND THIS FORM, ALONG WITH YOUR CHECK, TO:**

**Old Faithful Christian Ranch, 2364 West 81<sup>st</sup> South, Idaho Falls, ID 83402**