



Twin Lakes Bible Camp

Registration Form : Summer Camp 2023



CAMPER

*Spots are limited! SALT and SeaSALT campers must first complete our online application.

Camp Attending: ☐ S.A.L.T. (July 9 - 21) grades 10 - 12

* For All Camps

Grade = Grade Going Into

☐ Sea S.A.L.T. (June 4 - 23) grades 11 - 12

☐ Impact (July 23 - 28) grades 9 - 12 *Half Price for SALT and Sea SALT Campers

Last Name:

First Name:

Birthday:

Grade Going Into:

Birth Gender: ☐ Male

☐ Female

Mailing Address:

City:

State:

Zip Code:

Home Church and City:

Cabin Mate Request(s):

Dietary Restrictions (if any):

PARENT / GUARDIAN

Name(s):

Mom Cell: ()

Dad Cell: ()

Home Phone: ()

Email Address:

IN CASE OF EMERGENCY

* If unable to reach Parent / Guardian *

Name(s):

Relationship:

Home Phone: ()

Cell Phone: ()

Work Phone: ()

TLBC CONTACT INFORMATION

Please provide all information and send to Twin Lakes Bible Camp (see contact information below).

Please include a \$50 non-refundable deposit with your registration. Remaining balance is due upon arrival.

Phone: (712) 297 - 7714

Mail:

Twin Lakes Bible Camp
7718 Twin Lakes Road
Manson, IA 50563

Email: info@twinlakesbiblecamp.com

Twin Lakes Bible Camp

Health Form

CAMPER						
Last Name:		First:			Middle:	
Birth Date: / /		Grade:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Street Address:			P.O. Box:			
City:		State:		Zip Code:		
PARENT / GUARDIAN						
Last Name:			First:			
Home Phone: ()			Work Phone: ()			
Mom Cell: ()			Dad Cell: ()			
Email Address:						
INSURANCE						
Insurance Company:			Policy Number:			
GENERAL HEALTH						
Doctor:			Phone: ()			
Known Allergies:			Special Diet:			
Known Diseases or Conditions:						
Special Conditions:		Epilepsy <input type="checkbox"/>	Reactions to Drugs <input type="checkbox"/>		Bedwetting <input type="checkbox"/>	
		Fainting <input type="checkbox"/>	Sleepwalking <input type="checkbox"/>		Other <input type="checkbox"/>	
Medications Currently Used or Prescribed:						
Immunization Record:	Tetanus	Whooping Cough	Polio	Diphtheria	Measles	Rubella
Date of Latest Inoculat.:	/	/	/	/	/	/
IN CASE OF EMERGENCY						
* If unable to reach Parent / Guardian *						
Name(s):						
Relationship:			Home Phone: ()			
Cell Phone: ()			Work Phone: ()			

Please see Reverse Side

HOLD HARMLESS AGREEMENT AND PHOTO RELEASE WAIVER

Hold Harmless Agreement: Some of the activities at camp like running, swimming, and climbing have assumed risk. In consideration of my or my minor being allowed to participate in the activities at Twin Lakes Bible Camp and intending to be legally bound, I hereby waive, release, hold harmless, covenant not-to-sue, and forever discharge any and all rights, actions, and claims of negligence that I or my heirs, executors, or assigns may have against Twin Lakes Bible Camp as well as their respective officers, directors, trustees, agents, employees, representatives, successors, assigns, and affiliates for (1)injury, (2)property damage, (3)disability, (4)death, (5) sickness or disease that I or the listed minor may sustain and/or suffer in connection with my/our participation in camp activities. I also agree to indemnify Twin Lakes Bible Camp for any defense, cost, or expense arising out of any claim of damages, injury, death, or sickness arising from my or my minors participation in this program. I or my minor am/are physically fit, legally competent, and freely participate in this activity at my own risk and with my permission.

Photo Release Waiver: I hereby grant permission to Twin Lakes Bible Camp, and its employees, or assigns, the irrevocable right to use the photographs and video taken for use in any Twin Lakes Bible Camp publication. This includes the right to use the subject's name, voice, image, and likeness in any manner, in any and all media, now known or hereafter devised, for the purposes of promotion, advertising, publicity, and marketing.

Medical Release: I hereby give permission for agents of Twin Lakes Christian Center to seek emergency medical and surgical treatment and routine non-surgical medical care for my child while under camp care (including acetaminophen, ibuprofen, and prescription drugs). I understand that I will be contacted in case of emergency and have provided accurate contact information.

Minor/Participant Printed Name:	
Parent / Guardian Printed Name:	
Parent / Guardian Signature:	Date: / /

Note: Please put all medications in plastic bag, label with camper's name and directions for usage. All medications need to be turned in to the nurse at registration.

Questions: Call 712-297-7714 or Email info@twinlakesbiblecamp.org
Address: Twin Lakes Bible Camp – 7718 Twin Lakes Rd. – Manson, IA 50563