

2025 Blue Rock Christian Camp Registration

Things to Know

Items to Bring: Bedding: sheets, pillow, blanket, or sleeping bag; Toiletries: towels, washcloth, toothbrush & toothpaste, soap, shampoo, shower shoes, bug spray; Personal Items: Bible, notebook, pencils, flashlight, extra batteries.

Dress Code: All clothing must be modest: t-shirts, tank tops, shorts, jeans, jacket, sweatshirts, raingear, swimsuit (no two-piece bikinis or bring a t-shirt to wear overtop), campers **need tennis shoes for recreation**, water shoes, boots, no midriff shirts, no miniskirts, no low riding pants or short shorts, no open toe shoes can be worn on the creek walks or for recreation.

Swimming and Boating: The utmost safety is required at all times. Swimming is permitted only when a qualified individual is on duty. Boating is only permitted by permission of the dean and all persons in the boat must wear a life jacket and follow all boating rules.

Telephone: Campers are not permitted to make phone calls unless it is an emergency determined by the dean.

(Cell phones are not permitted in the shower house and no pictures to be taken in the dorms.)

Visitors: For the protection of the campers, and respect of the staff, each visitor is required to check in with the Dean upon their arrival at camp. Notice prior to arrival at camp is appreciated. Should you arrive at mealtimes and extra food available, payment of \$8.00 per person is expected. Camp rules apply to everyone. Please do not interfere with campers or camp schedule.

Baptisms: (immersion only) Invitations will be given during each camp week. If a camper desires to be baptized at camp, the Dean will phone parents for permission.

Mission: Each camp week has a mission of the week, if you desire to give to the mission, monies will be collected at time of check-in or you may send in monies when you submit your registration form.

The following rules are established for the protection of both the camper and the property. All campers are expected to comply completely with these rules and any other announced by the Camp Dean.

1. **EVERY PERSON** is required to participate in the total camp schedule, unless excused by the Dean or camp medical staff.
2. No one is to leave the campgrounds without the permission of the Dean.

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3. Visitors must check in with the Dean and must follow the camp rules and schedule. They must leave at the appropriate time.
4. All campers must stay within "Youth Camp" boundaries, unless accompanied by faculty and have permission of the Dean.
5. Dorms are off-limits except during scheduled usage. Boy's dorms are **ALWAYS** off-limits for girls. Girl's dorms are **ALWAYS** off-limits for boys.
6. Absolutely no pictures are to be taken in or around the dorm and bath house areas. This is cause for removal from the camp.
7. The kitchen and medical station is off-limits to campers and staff without permission. Do not borrow items from the kitchen or store food without the cook's permission.
8. No use of the camp phones except by permission of the Dean.
9. The maintenance building and all storage areas are off-limits to campers.
10. Absolutely no swimming without a qualified individual being present and no use of the lake without faculty supervision and permission of the Dean. Life jackets must be worn by everyone at all times while in boats on the lake.
11. Campers should not go out alone after dark.
12. Sickness or injury **MUST BE REPORTED** to the camp medical staff and the Dean immediately.
13. Footwear is to be worn at **ALL** times.
14. The use of tobacco in any form, alcoholic beverages, and drugs are strictly forbidden.
15. Campers who drive to camp **MUST** turn in their keys to the Dean for the duration of camp.
16. No pets of any kind are permitted.
17. Radios or other electronic entertainment devices, and inappropriate literature are **NOT** permitted.
18. The Dean may dismiss or exclude anyone who does not obey Camp Rules.
19. Christian conduct is expected at all times.
20. Dean is a representative of the Blue Rock Board of Directors and has sole authority over the camp.

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Mail a completed form for each camper and either a \$50 non-refundable deposit or full payment to receive a discounted rate. Full remaining balance is expected at camp registration if not made prior to camp. NO refunds for no shows. Make check to: **Blue Rock Christian Camp*** PO Box 614* Geneva, OH 44041

<p>Please check camp week attending:</p> <p><input type="checkbox"/> First Chance Camp completed grades K-2 – June 29-July 2</p> <p><input type="checkbox"/> Junior Camp completed grades 3-5 – July 13-18</p> <p><input type="checkbox"/> Junior High camp completed grades 6-8 – June 22-27</p> <p><input type="checkbox"/> Senior High Camp completed grades 9-12 – June 15-20</p> <p>Camp Fee \$ _____</p> <p>Mission \$ _____ (paid at check in if registering on line)</p> <p>Other \$ _____</p> <p>Deposit or Full Payment \$ _____</p> <p>Total due @ check in \$ _____</p> <p>ALL CAMPS CHECK IN: 4 PM TO 6 PM WITH CAMP PICTURE AT 6 PM</p>	<p style="text-align: center;"><u>Check list:</u></p> <p><input type="checkbox"/> All prescriptive medications are current and unexpired with clear directions on how to be administered indicated on the original pharmacy dispensed container.</p> <p><input type="checkbox"/> Read “Things to Know” section</p> <p><input type="checkbox"/> Form completed in full & signed</p> <p><input type="checkbox"/> Deposit or full payment enclosed</p> <p><input type="checkbox"/> All electronics left at home</p> <p><input type="checkbox"/> Bible packed</p> <p><u>Mission</u> Each camp will support a mission of the week.*</p> <p>See things to Know page for more details</p> <p>*Mission money must be paid by cash or check at check in time if doing online.</p>
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** Please Note: You will need to return to this page along with registration page 2 with parent signature. Also, registration page 3 will need to be returned if the camper brings any medication**

Camper’s Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Mother’s Name: _____

Mother’s Cell: _____

Father’s Name: _____

Father’s Cell: _____

Other Contact _____

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Contact Number: _____

Camper's Email Address _____

Parent's Email Address _____

(You will be added to our e-newsletter)

Birth date ____/____/____

School grade completed in 2025 _____

Gender: Male/Female

Is camper immersed YES or NO Home Church: _____

Church Address: _____

Health Insurance Co.: _____

Policy Number: _____

Physician's Name: _____ Phone: _____

Physician's Address: _____

Medical: **Medical: PLEASE READ CAREFULLY!!!** If you have prescription medication to be given during camp you must provide the medications in its original pharmacy dispensed container. Prescriptive medication will not be given if the medication is expired. **Prescriptive medication will only be given as directed on its original pharmacy dispensed container.** If the camper requires medication to be administered other than directed on its original pharmacy dispensed container, a new prescription with the correct directions on the container must be obtained before camp or the medication must be provided with a physician's order indicating how it should otherwise be administered. The physician's order must be more current than the dispensing date on the container if the physician's order is to supersede the directions on the pharmacy dispensed container. Any significant changes regarding camper's physical, medical, or emotional condition different than stated on the registration form should be reported in writing to the camp prior to camp season.

Health Records and Risk of Injury-Waiver of Liability

List camper's allergies (food, drugs, environment, etc.): _____

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List all over-the-counter (OTC) medications, vitamins or herbs camper is taking: _____

Is camper allergic to stinging insects? _____

Is camper free of communicable disease? YES or NO

If no please explain: _____

Is there any physical, medical or emotional condition the camp should be aware of?

I attest that camper _____ is in good physical condition and is able to participate in all camp activities.

1. I hereby give permission for my child to participate in recreational, swimming and learning activities and to be bound by camp policies in force.
2. I desire that my child participate in the full range of camp activities and acknowledge that the natural conditions of the camp and the interaction with other children of varied ages may subject my child to a risk of injury.
3. I, therefore, release the camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Blue Rock Christian Camp, its staff, management, faculty, volunteers, board or its officers liable. Further, I waive any claim or cause of action against the foregoing parties, which may arise as a result of an accident or an injury to my child.
4. In case of emergency: I hereby give permission to the physician selected by the camp management or dean to secure proper treatment for my child as named on this form. Doctor calls, treatment, or hospitalization are to be charged to our family insurance or to me personally.
5. I understand that Blue Rock Christian Camp and its staff shall not be held responsible for any articles lost, stolen or left at the camp.
6. I understand that my child may be subject to photographs/video taken by the camp for publicity purposes and authorize the use of these photographs.

Signature(Required): _____

Custodial/Residential Parent or legal guardian

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All **medication(s)** sent to Blue Rock Christian Camp must be in original packaging and will be given to the medical staff at check-in who will oversee the administration of all medications as prescribed.

PART I: Medication sent to Blue Rock Christian Camp that are physician prescribed.

Prescriptive medication will only be given as directed on its original pharmacy dispensed container unless accompanied by a physician's order indicating otherwise.

Physician's Name _____ Phone Number _____

Physicians Address _____ City _____ State _____ Zip _____

Name of Medications to be Administered _____

Dosage and frequency of dosage _____

Any adverse reactions that should be reported to the Physician _____

Special instructions for administration and/or storage of medicine _____

***Yes or NO because inhaler is for emergencies, the camper is to have possession of it.

PART II Medication sent to Blue Rock Christian Camp that is **non-prescribed**, Part II **MUST** be completed, and medication must be turned in to the medical staff upon check-in. **Over-the-counter medications and supplements must arrive in their original packaging and unexpired. Over-the-counter medications and supplements will not be given other than directed by the manufacturer's guidelines indicated on its packaging unless otherwise directed by a physician's order provided to the camp nurse upon arrival of the camper for registration.**

Non-prescribed Medication or Supplement to be administered (list all medicine(s), dosage, and time of day for each):

Reason for Medication _____

Possible reaction that should be reported to parent _____

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Date medication started _____

Date medication is to cease _____

Signature of custodial/residential parent or Legal Guardian:

Date _____