



Camper's Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Home Church: \_\_\_\_\_ Baptized: \_\_\_\_\_

Check Applicable Camp:

Junior I(FM)\_\_\_\_ Teen Extreme(FM)\_\_\_\_ Teen Camp(NL)\_\_\_\_ Junior Camp II(NL) \_\_\_\_ Family Camp(NL)\_\_\_\_

Please list amount enclosed (see prices on right) \_\_\_\_\_ **SHIRT SIZE(S)** \_\_\_\_\_

**Release Policy:**

Only an authorized person designated on this form may remove the camper from camp.

Please list authorized persons:

Is there anyone to whom we should **NOT** release your child? If so, please list their name(s) below:

*I have read and approved the above information. You have my permission for my child to attend camp and participate in its activities. I will support and the applicant agrees to abide by all camp regulations and policies and to uphold its objectives.*

\_\_\_\_\_  
Signature of Parent/Guardian (Required) Date

\_\_\_\_\_  
Signature of Applicant/Camper (Required)

\_\_\_\_\_  
Signature of Parent/Guardian (Required) Date

**Medical Release & Records (Please include photocopy of medical insurance card)**

Camper's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of person holding policy: \_\_\_\_\_ Policy holder's birth date: \_\_\_\_\_

Health Problems/  
Limitations: \_\_\_\_\_

**Allergies:** \_\_\_ None \_\_\_ Drugs \_\_\_ Plants \_\_\_ Bee Sting \_\_\_ Other (Specify) \_\_\_\_\_

Immunization: \_\_\_ Diphtheria date: \_\_\_\_\_ Poliomyltitus date: \_\_\_\_\_ Tetanus Date: \_\_\_\_\_

**Medical History (Circle all that apply):** Ear Trouble, Sore Throats, Fainting Spells, Chicken Pox, Heart Trouble, Epilepsy, Measles, Convulsions, Diabetes, Asthma, Hay Fever, Lice, Bedbugs, Other: \_\_\_\_\_

Medical instruction for camp medical personnel: \_\_\_\_\_

List medicines camper will be bringing: \_\_\_\_\_

**Yes or No** My child can be given over-the-counter medication (i.e., aspirin, cold and cough medicine, etc.) as deemed necessary by camp offices or medical personnel.

*In case of a medical treatment emergency, I authorize Dakota Adventist® Camps or their assigned agent to select a physician and/or other medical provider, and further authorize them to secure hospitalization, and treatment, including, but not limited to, injection, anesthesia, or surgery. I hereby indemnify and hold harmless Dakota Conference of Seventh-day Adventists® from liability in case of accident or illness and any associated costs incurred.*

\_\_\_\_\_  
Signature of Parent/Guardian (Required)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (Required)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Flag Mountain (605) 574-2289**

Junior Camp - June 23-30

(Ages 8-12)

Registration Fee: \$185

Includes a FREE shirt

**Flag Mountain**

Teen Camp - June 30 - July 7

(Ages 13-17)

Registration Fee: \$185

Includes a FREE shirt

**Northern Lights (701) 263-4560**

Family Camp - July 9-14

(All Ages)

Registration Fee: \$145 (14+), \$100 (7-13),

\$70 (2-6), Free (under 2)

Registration Deadline: July 1 or until lodging is full

(there are tent spots open as well as places for trailers)

Includes a FREE shirt

**Northern Lights**

Junior Camp - July 14-21

(Ages 8-12)

Registration Fee: \$185

Includes a FREE shirt

**Northern Lights**

Teen Camp - July 21-28

(Ages 13-17)

Registration Fee: \$185

Includes a FREE shirt

Please Pick Your Child Up No Later than 10AM  
Please Drop your Child Off No Earlier than 3PM

### What to Pack?

Many campers wonder what to bring and how to pack for summer camp. Here are a few suggestions:

#### What to Bring:

- \* Bible
- \* Sleeping Bag or Sheets/Blanket/Pillow
- \* Water Shoes
- \* Towels/Washcloths
- \* Toothbrush/Toothpaste
- \* Soap/Shampoo
- \* Comb/Brush
- \* Insect Repellent
- \* Jacket/Sweater
- \* Modest one-piece Swimwear (or approved Tankini)
- \* Everyday Clothing
- \* Sabbath Clothing (for Church)
- \* Flashlight
- \* Sunscreen
- \* Laundry Bag

#### What **Not** to Bring:

- \* Firearms or Weapons of any kind
- \* Fireworks of any kind
- \* Radios
- \* MP3 Players
- \* Movie or Audio Players
- \* Tobacco in any form
- \* Illegal Drugs
- \* Alcohol
- \* Handheld Video Game Systems
- \* Halter/Tube Tops or Thin Tank-tops/Undershirts
- \* *Cell Phones are not allowed*
- \* **Attitude!**

\*If such items are brought to camp, they will be kept in the office until the camper returns home. Jewelry is also discouraged because of its hazard to equipment and campers as well as the risk of loss.

Please Send Applications to: Phone: 701-400-6298  
Dakota Adventist Camps  
7200 North Washington Street  
Bismarck, ND 58503

# Dakota Adventist® Camps

