

Presbyterian Camp and Conference Centers, Inc.

P.O. Box 1512, 575 Prairie Lane, Big Bear Lake, CA. 92315-1512

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To Register: return completed form, copies of Medical Card,
and a non-refundable \$50 deposit as soon as possible,
and no later than 2 weeks prior to camp start date.

REGISTRATION & MEDICAL INFORMATION FORM**March Madness- Winter Camp Jr High & High School (current grade)****1. CAMPER INFORMATION** (includes counselors and staff): *(Please print clearly in ink.)*

LAST NAME _____ FIRST NAME _____
 BIRTH DATE ____/____/____ AGE (if minor) WHILE ATTENDING CAMP _____ GRADE NEXT FALL _____ GENDER ☐ M ☐ F
 HOME PHONE (____) _____ E-MAIL _____
 MAILING ADDRESS _____ CITY _____ CA ZIP _____
 NAME OF CHURCH ATTENDING (if any) _____ CITY _____

MINORS ONLY:**PARENT/GUARDIAN** with primary custody: _____ Relationship: _____

Phone numbers where you can be reached during the week of camp:

Daytime phone (____) _____ Evening phone (____) _____ Cell (____) _____

The following person is legally restricted from seeing this camper:

Last Name: _____ First Name: _____ Relationship: _____

IN CASE OF AN EMERGENCY please contact: (For minors provide a friend or relative other than parent/guardian)

Name: _____ Relationship to camper: _____

Daytime phone: (____) _____ Evening phone: (____) _____ cell: (____) _____

2. CAMP REGISTRATION INFORMATION: (Please register as early as possible, and after February 28 call the PCCCI Office to check on camp availability).**A. CAMP ATTENDING:** ☐ **March Madness - Winter Camp: March 13-15, 2026****B. CAMP FEE: \$165** (All Camp Fees include a **\$50** non-refundable deposit)

C. ☐ Registering as an individual ☐ Registering through a Church - Church name: _____
 Desired Cabin Mate: (limit one) _____ (Will be honored if possible)

3. STATEMENTS AND PERMISSIONS FOR CAMP**I GIVE PERMISSION** on behalf of my child for the use of the following by PCCCI for promotional purposes: (a) pictures taken while at camp; (b) quotations from evaluations/letters relating to camp experience.**I UNDERSTAND** that PCCCI assumes no responsibility for campers or counselors who leave camp grounds for any reason other than programmed activities.**I UNDERSTAND** that if the above-named camper participates in any illegal activity while at camp such as drinking alcohol, stealing or taking illegal drugs, they will be sent home immediately at the parent's expense. (Parents will be notified before a child is sent home.)**I UNDERSTAND** that smoking by campers or counselors is not permitted while at camp and will so inform my child.**I REALIZE** that individuals at camp can injure themselves without fault on the part of PCCCI personnel and release PCCCI from responsibility for injury to this camper.**X Signature** (parent/guardian signs if minor) _____**Page 1 of 2**

Print Name: _____ Date: _____

CAMPER'S NAME: _____**4. MEDICAL INFORMATION** – All information provided will be kept confidential.**Does the camper have:** Please check yes or no, and fully explain all yes answers on the lines provided.**A.** A chronic or recurring illness or medical condition? (i.e. seizures, ADD, depression, etc.) ☐ Yes ☐ No**B.** Any recent hospitalizations and/or surgeries? (include dates & reasons in explanation): ☐ Yes ☐ No**C.** Any allergies to medication? (include medication and reaction in explanation): ☐ Yes ☐ No**D.** Up to date immunizations as required by their school? ☐ Yes ☐ No Date of Last Tetanus Shot (Given around ages 5 & 14):
(Mo & Yr) _____/____**E.** Allergies? ☐ Yes ☐ No (If yes, please list all items allergic to and symptom(s) of allergy attacks in explanation.)

F. Asthma? ☐ Yes ☐ No - If yes, is it: Chronic / Seasonal / Exercise Induced? (circle one and explain)
 G. Heart disease? ☐ Yes ☐ No H. A physical/mental/psychological condition requiring special treatment? ☐ Yes ☐ No
 I. Insulin dependent diabetes? ☐ Yes ☐ No J. Activity Restrictions/Limitations? ☐ Yes ☐ No
 K. Hepatitis B vaccine series? ☐ Yes ☐ No L. Dietary Restrictions? (We are not equipped to provide special diets) ☐ Yes ☐ No
Please fully explain all yes answers here. Indicate the letter of the item being addressed. Attach a separate sheet as necessary.

Is Camper currently taking any medications? ☐ Yes ☐ No (all prescription & non-prescription medications, including vitamins, must be turned in to the Health Supervisor at Check-in; prescription medication must be in original bottle with camper name and dosage.)

	Current Medication	Dosage(mg)/ Frequency	Type of Illness being Treated
1.			
2.			
3.			

If more than 3 medications are being used, please attach a separate sheet. If this information changes before camp, please report to PCCCI.

May Camper be given non-prescription medications (i.e cough and cold medication, ibuprofen, etc.)? ☐ Yes ☐ No If yes, please list any over-the-counter medications that may not be given: _____

To help us deal tactfully with campers, please let us know if your child has any ongoing or recent conditions/changes/trauma which may impact emotional, physical, or mental well-being while at camp. Please explain: _____

5. INSURANCE INFORMATION – Does camper have medical insurance? ☐ Yes ☐ No - If yes, provide a copy of the front and back of your card below: (It is not required for the camper to have medical insurance to attend camp, however, if the insurance box is checked yes, it is required that a copy of the front and back of the camper's medical card be provided.)

FRONT OF
MEDICAL CARD

BACK OF
MEDICAL CARD

6. MEDICAL STATEMENTS AND PERMISSIONS:

THE HEALTH HISTORY PROVIDED on this form is correct and the camper herein described has permission to engage in all camp activities (as described in the PCCCI brochure & website) except as noted above.

I WILL BE RESPONSIBLE for notifying PCCCI of any new or different medical information regarding this camper between now and the start of camp.

I UNDERSTAND that Big Bear Lake Christian Conference Center is located in a remote mountain region and that emergency care, even by ambulance, can take up to 15 minutes. The camper named above has no current condition that would warrant closer emergency medical care.

I WILL INSTRUCT MY CHILD to take responsibility for going to the Infirmary at scheduled times to take their medications.

I GIVE PERMISSION to the medical personnel selected by the camp director, to provide emergency medical treatment for the above-named camper as deemed necessary. This may include transportation to a medical facility. In the event of an emergency in which I cannot be reached, I hereby give my permission to the physician selected by camp medical personnel to secure and administer treatment, including hospitalization for the above-named camper.

X Signature (parent/guardian signs if minor) _____