

2026 REGISTRATION FORM



Guest Information (PLEASE PRINT NEATLY)

	First and Last Name	Date of Birth	
Parent/Guardian Mr./Ms.	_____	_____	M/F
Spouse Mr./Ms.	_____	_____	M/F
Children	_____	_____	M/F
	_____	_____	M/F
	_____	_____	M/F
	_____	_____	M/F

Phone Number: _____

Mailing Address: _____

Box Number: _____

Reserve/City: _____

Postal Code: _____

Emergency Medical Information

Please list all current medical conditions and allergies.

Name: _____
 Medical Condition/Allergy: _____
 Medicine Taken/Treatment Needed: _____

Name: _____
 Medical Condition/Allergy: _____
 Medicine Taken/Treatment Needed: _____

Name: _____
 Medical Condition/Allergy: _____
 Medicine Taken/Treatment Needed: _____

Name: _____
 Medical Condition/Allergy: _____
 Medicine Taken/Treatment Needed: _____

In case of emergency contact:

Name: _____
 Phone Number: _____
 Relation: _____

When would you like to come?

Summer Camp 1 June 29 - July 03
 Summer Camp 3 July 13 - 17
 Summer Camp 2 July 06 - 10
 Summer Camp 4 July 20 - 24

Where would you like to stay?

Accommodation	Beds	Registration Fee
<input type="checkbox"/> Cabin	10	\$1,200.00*
<input type="checkbox"/> Apartment 101	7	\$1,400.00*
<input type="checkbox"/> Apartment 102	3	\$1,000.00*
<input type="checkbox"/> Apartment 104	2	\$1,000.00*
<input type="checkbox"/> Apartment 105	3	\$1,000.00*
<input type="checkbox"/> Apartment 106	8	\$1,400.00*

*PRICES ARE SUBJECT TO TAX



Paid by: _____

Waivers and Conditions of Registration

- I understand that the Program Manager reserves the right to dismiss anyone who is deemed a danger to the safety and rights of others or who has willfully broken the expectations of the program and BLC.
- I understand that possession and/or use of non-prescriptive drugs and alcohol are strictly prohibited. If suspected, the Program Manager may conduct a bag search and may lead to immediate dismissal from BLC.
- I understand that in the case of my and/or my family's dismissal, the registration fee is non-refundable.
- I agree to reimburse BLC for any property damage I and/or my family members may cause.
- I understand that while at BLC, I and/or my family member may take part in physical activities including sports and water/land-based activities. Every reasonable effort will be made to accommodate my individual needs and to promote safety in these activities. With physical activity, I recognize the potential for injury or accidents and agree to release Northern Youth Programs, Beaver Lake Camp, and their staff from any liability for any loss or injury while attending BLC.
- In the event of experiencing an accident or injury, I give the BLC staff the right to administer necessary medical aid, including non-prescriptive drugs. In the event that I and/or my family members require special medication, x-ray, or treatment beyond that which is possible at BLC, I understand that I am responsible for expenses related to care and transportation.
- I understand that parents/guardians are responsible for children at all times.
- I understand that lifeguards are on duty only during scheduled swim times.
- I give permission to Beaver Lake Camp to use any photographs or video of myself and my children for promotional purposes. I recognize that BLC will not share these images with any other organization, business, company, or individual.
- I also give permission to BLC to collect, file, and store personal information entered on this registration form for BLC purposes. I understand that the BLC privacy policy is available on request.

I AGREE TO THE ABOVE WAIVERS AND CONDITIONS OF REGISTRATION

SIGNATURE: _____

