



# Bus Schedule

### To Camp:

#### Leave Caldwell 2:00pm

First Baptist Church - (208) 459-4614  
221 E. Linden, Caldwell, ID 83605

#### Leave Meridian 2:45pm

Chevron Food Mart - across from St. Lukes Meridian  
3100 E Magic View Dr., Meridian, ID 83642

#### Leave Horseshoe Bend 3:30pm

City Park parking lot - across from fire station.

### From Camp:

#### At Horseshoe Bend 11:30am

City Park parking lot - across from fire station.

#### At Meridian 12:30pm

Chevron Food Mart - across from St. Lukes Meridian  
3100 E Magic View Dr., Meridian, ID 83642

#### At Caldwell 1:30pm

First Baptist Church, 221 E. Linden, Caldwell, ID 83605

**NOTE:** Students being picked up at camp **MUST** be picked up no later than 9:30am.

### Camp Mailing Address:

(Name of Camper)  
Conservative Baptist Camp  
2588 Warm Lake Road  
Cascade, ID 83611

### Camp Phone:

The phone number for the camp is (208) 632-CAMP (2267). Long distance calls from camp require a calling card. There is only one line for administrative and emergency use. In case of an emergency, phone the camp or contact: First Baptist Church  
221 E. Linden  
Caldwell, ID 83605  
(208) 459-4614

### Contacts:

Transportation Coordinator:  
**Bill Siewert** - (208) 459-0123

Registrar:

**Doyle Runyan** - (208) 454-0792  
registrar@warmlakecamp.com

**MEDICATION POLICY:** Medications brought to camp **MUST** be checked in with the health supervisor. All prescription medication **MUST** be in the original container with the camper's name, medication and directions clearly marked on the pharmacy label. All over the counter medications **MUST** be in the original container and accompanied by parental instructions. Medications sent in unmarked bottles, containers, ziploc bags, etc will **NOT** be administered.

PLEASE LIST ANY MEDICATIONS THAT WILL BE SENT WITH YOUR CAMPER:

The following medications are stored at camp and administered when needed by the health supervisor.

CROSS OUT ANY MEDICATIONS THIS CAMPER **SHOULD NOT** RECEIVE:

Aspirin • Benadryl • Calamine Lotion • Chlortrimeton • Dimetapp • Hydrocortisone Cream • Ibuprofen/Motrin • Immodium • Mylanta  
Neosporin Ointment • Robitussin Cough Syrup • Sudafed • Throat Lozenges • Topical Anesthetic • Triaminic • Triple Antibiotic Cream • Tylenol

**MEDICAL TREATMENT & LIABILITY RELEASE:** I authorize the health supervisor on duty at Warm Lake Camp to administer first aid as required for illness or injury. In case of an emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by Ore-Ida CBA Inc. Warm Lake Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above. I voluntarily waive any claim against Warm Lake Camp, camp personnel, or other persons transporting my child against all liability, claims, damages, attorney fees, expenses arising out of or in connection with any activities of the above organization.

SIGNATURE OF PARENT/GUARDIAN:

DATE:

# Dates & Costs

**Save \$50!** For all camps, send at least \$10 nonrefundable pre-registration in by **June 14, 2009** to qualify for the **EARLY** price. The balance is due when the camper boards the bus (if riding the bus) or before the first day of camp (if not riding the bus).

CAMP	DATES	PRICE	EARLY	AGE	CAMP DIRECTOR
High School	June 27 - July 4	\$200	\$150	Grades 9-12 next fall	Nate Pickens (208) 459-4614 highschool@warmlakecamp.com
Junior High	July 5 - 11	\$190	\$140	Grades 7-9 next fall	Nate Pickens (208) 459-4614 juniorhigh@warmlakecamp.com
Junior Boys	July 12 - 18	\$180	\$130	Grades 4-6 next fall	Mike Fuller (208) 455-0777 juniorboys@warmlakecamp.com
Junior Girls	July 19 - 25	\$180	\$130	Grades 4-6 next fall	Marla Evans (208) 398-8166 juniorgirls@warmlakecamp.com

This facility is operated in accordance with U.S. Department of Agriculture policy, which prohibits discrimination on the basis of race, color, sex, age, handicap, religion, or national origin. Any person who believes he or she has been discriminated against in any USDA related activity, should write to: Administrator, Food & Nutrition Service, 3101 Park Center Drive, Alexandria, VA 22302.


# What to Expect

Youth camps include three balanced meals each day, organized and supervised recreations, missionaries, chapel, camp fires, Bible study, clean cabins and showers and a health supervisor.

All campers participate in the entire camping program. Campers are expected to behave in a manner honoring to God. They will remain on the grounds except when participating in scheduled activities away from camp. Campers leaving early must have written permission from parents. Campers are to be in camp by the end of the first day.

**NOTE:** All swimming sessions are supervised, but not necessarily by certified lifeguards.

Any concerns or questions should be directed to the Camp Dean of the camp you will be attending.

 [www.warmlakecamp.org](http://www.warmlakecamp.org) | Visit our website for camp photos, email and to register online.

**Register online and pay with your credit card.**

# What to Bring

- Warm bedding
- Flashlight
- Towels and wash cloth
- Mosquito repellent
- Soap and shampoo
- Toothbrush and toothpaste
- Camera and film
- Bible, notebook and pencil
- Money for the canteen and missionary offering (\$5 - \$10 suggested)

 **What NOT to Bring**  
Radios, tape, CD or MP3 players, cards, table games, fireworks, alcoholic beverages, illegal drugs, tobacco, knives or firearms.

Bring clothes adequate for warm days, cool evenings and cold nights. Bring durable shoes for recreation and hiking. Casual wear, shirts or blouses or sweaters and pants are appropriate. Bring a swimsuit for the lake - girls, 1 piece suits are required. Modest clothing is expected. **REMEMBER TO** label all your belongings!

# REGISTRATION

**NOTE:** Please use a separate form for each camper. Return to Registrar before June 14th to save \$50! **Release Form on reverse side**  
Make checks payable to "Warm Lake Camp." A \$10 service charge will be assessed to returned checks. **MUST be signed to attend camp.**

ATTENDING WHICH CAMP: <input type="checkbox"/> High School <input type="checkbox"/> Junior High <input type="checkbox"/> Junior Boys <input type="checkbox"/> Junior Girls					
NAME:		PARENT/GUARDIAN:		CHURCH:	
ADDRESS:		CITY:	STATE:	ZIP:	PHONE:
EMAIL ADDRESS:		DATE OF BIRTH:	GRADE NEXT FALL:	AGE:	SEX: <input type="checkbox"/> Boy <input type="checkbox"/> Girl
TRANSPORTATION - BUS UP: <input type="checkbox"/> Yes <input type="checkbox"/> No From:		TRANSPORTATION - BUS HOME: <input type="checkbox"/> Yes <input type="checkbox"/> No To:		OTHER TRAVEL ARRANGEMENTS:	
PREFERRED CABIN MATE:		T-SHIRT SIZE: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL			

## WARM LAKE CAMP HEALTH & LIABILITY RELEASE FORM

MEDICAL INSURANCE COMPANY:		PHONE NUMBER:	POLICY HOLDER:	POLICY NUMBER:
FAMILY PHYSICIAN:		PHONE NUMBER:	DATE OF LAST TETANUS BOOSTER:	
LIST ANY RESTRICTIONS, PHYSICAL IMPAIRMENTS AND NECESSARY LIMITATIONS OF ACTIVITIES:			MEDICALLY REQUIRED DIETARY RESTRICTIONS:	
ALLERGIES TO FOOD, MEDICATION OR BEE STINGS? DESCRIBE ALLERGY AND REACTION:				
PAST PERTINENT MEDICAL HISTORY:				
HAVE YOU BEEN UNDER THE CARE OF A PHYSICIAN IN THE PAST YEAR? IF SO, PLEASE EXPLAIN:				
ANY OTHER USEFUL INFORMATION REGARDING THIS CAMPER:				

**FOR CAMP USE ONLY**

Pre-registration Paid: \_\_\_\_\_

Amount of Aid: \_\_\_\_\_

Bring a Friend Discount: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Paid in Full: \_\_\_\_\_

Return this Registration along with your pre-registration (or full payment) and signed release form (on reverse side) to the Registrar: **First Baptist Church, Warm Lake Camp, 221 E. Linden, Caldwell, ID 83605.** NOTE: Registrations without signed release form will **NOT** be accepted and will have to be resubmitted.