

Any medications that you CANNOT TAKE?

(aspirin, cough drop, etc.)

FAMILY PHYSICIAN: _____

Phone: () _____

NAME OF INSURANCE CARRIER: _____

POLICY #: _____

MAILING ADDRESS: _____

MEDICAL RELEASE: I (we) have provided complete and accurate information about this camper on both Registration Form and Medical Information Form and understand that, in the event medical treatment is required, every effort will be made to contact me(us) or the other person named above. However, if I(we) cannot be reached, I(we) give permission to the staff or sponsor to secure the medical services deemed necessary to provide for this camper's well being. I(we) also understand that the insurance provided by Grand Oaks Baptist Assembly, Inc. is a limited supplemental policy covering only injury or accidents occurring during the event at Grand Oaks, and will only be used to supplement the family insurance. I(we) also understand that any or all of this information may be used by the Camp Director, Camp Nurse, or Cabin Leader. **I Have Read the Attached General Information Sheet & Rules & Medical Release Above.**

Signed _____ Relationship _____

Date ____ / ____ / ____

Signed _____ Relationship _____

Date ____ / ____ / ____

BOTH PARENTS OR ALL LEGAL GUARDIANS MUST SIGN THIS FORM!



Heartland Baptist Association

CAMP GROUND ZERO (Grades 6-8)

July 27-31, 2009

CAMPER REGISTRATION FORM

Turn this form and registration fee into your church. The church must have the forms and registration fees **IN the Association Mission Center by the Deadline Date of July 6, 2009. There will be a \$25.00 late fee after the Deadline Date - NO EXCEPTIONS!**

Camper Fee \$80 Due Upon Registration

Camp fee includes your T-shirt and a snack shack ticket.

T-SHIRT SIZES: (Adult Sizes only; Circle One)

Small Medium Large X-Large XX-Large XXX-Large

NAME: _____ M _____ F _____ AGE _____

BIRTH DATE: ____ / ____ / ____ 6 7 8
Grade Completed

ADDRESS: _____

PHONE: () _____

CHRISTIAN? _____ CHURCH MEMBER? _____

CHURCH NAME & LOCATION: _____

Camp Ground Zero Registration Form Continued:

ACTIVE IN: Sunday School? _____ Discipleship Training? _____
Acteens? _____ Challengers? _____ Other? _____

HAVE YOU EVER BEEN AWAY FROM HOME BEFORE? _____

HAVE YOU EVER BEEN TO CAMP BEFORE? _____

MAKE FRIENDS EASILY? _____

FOLLOW INSTRUCTIONS? _____

NUMBER OF BROTHERS _____ AGES _____

NUMBER OF SISTERS _____ AGES _____

CHECK OR LIST ANY ACTIVITIES CAMPER SHOULD NOT PARTICIPATE IN:

SWIMMING _____ STRENUOUS GAMES _____ SHOULD NOT USE AN

UPPER BUNK BED _____ OTHER (EXPLAIN) _____

IN CASE OF EMERGENCY, NOTIFY:

NAME _____ RELATIONSHIP _____

—

ADDRESS _____

—

PHONE () _____

—

Medical Form must be completed and signed.

CAMPER MEDICAL INFORMATION

(MUST BE COMPLETED BY PARENT OR GUARDIAN: **not by camper**)

NAME _____

CHECK AND COMMENT ON ALL THAT APPLY:

ALLERGIES:

_____ Penicillin _____ Bee/insect sting

_____ Sulfa/other drugs _____ Poison Ivy

_____ Sunburn easily _____ Tetanus shot

_____ Hay fever _____ Aspirin/Tylenol

_____ Other (list) _____ Recent injury or illness

HAS HISTORY OF/UNDER MEDICAL CARE FOR:

_____ Heart trouble _____ Bronchitis

_____ Tonsillitis _____ Diabetes

_____ Skin disorder _____ Hernia

_____ Asthma _____ Athletes foot

_____ Epilepsy/seizures _____ Stomach ulcer

_____ Appendicitis _____ Other (Explain)

SUBJECT TO:

_____ Homesickness _____ Cramps

_____ Convulsions _____ Sore throat

_____ Headaches _____ Nosebleeds

_____ Earaches _____ Sleepwalking

_____ Exhaustion _____ Fainting

_____ Toothaches _____ Swimmer's ear

_____ Hyperactivity _____ Stomach/

_____ Cold/pneumonia _____ digestive disorders

_____ Afraid of the dark _____ Other (Explain)

_____ Moody periods _____

FOR GIRLS ONLY:

Has she been told about menstruation? _____ Has she started menstruation yet? _____ Will she have her period during camp? _____