

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 & Agree to its Content & Agree to the Medical Release.**

Signed \_\_\_\_\_ Relationship \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed \_\_\_\_\_ Relationship \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email Address \_\_\_\_\_

**BOTH PARENTS OR ALL LEGAL GUARDIANS  
MUST SIGN THIS FORM!**



*Heartland Baptist Association's*

CAMP LIFE (Grades 9-12)

**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 Missions Center by the deadline date. There will be a \$25.00 late fee after the Deadline Date. NO EXCEPTIONS!**

Camper Fee \$80 Due Upon Registration - **Deadline July 6, 2009** Camp fee includes your camp 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_        9    10    11    12  
Grade Completed

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE (        ) \_\_\_\_\_

CHRISTIAN? \_\_\_\_\_ CHURCH MEMBER? \_\_\_\_\_

CHURCH NAME & LOCATION \_\_\_\_\_

\_\_\_\_\_

**E REGISTRATION 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 \_\_\_\_\_

\_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_

WORK 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? \_\_\_\_\_