



CABIN #: \_\_\_\_\_

# Heartland Baptist Association CAMP GROUND ZERO (Grades 6-8)

July 26 - 30, 2010

## CAMPER REGISTRATION FORM

(MUST BE COMPLETED BY PARENT OR GUARDIAN: NOT BY THE CAMPER)

Please use **dark ink** when completing this form and **print clearly!** 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 of July 6th, 2010**. There will be a \$25.00 late fee after the Deadline Date - **NO EXCEPTIONS!** Cabin Leader 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 \_\_\_/\_\_\_/\_\_\_ Grade Completed  
6 7 8

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ CHRISTIAN? Yes No CHURCH MEMBER? Yes No

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

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IF YOU WANT TO BE IN A GROUP WITH SOMEONE, PUT THEIR NAME HERE \_\_\_\_\_  
We **cannot** guarantee you will be grouped with this person. You cannot ask to be put with any other person after the forms deadline date of July 6<sup>th</sup>

## CAMPER MEDICAL INFORMATION

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

CHECK AND COMMENT ON ALL THAT APPLY:

ALLERGIES:

\_\_\_\_\_ Penicillin \_\_\_\_\_ Bee / insect sting \_\_\_\_\_ Sulfa / other drugs \_\_\_\_\_ Poison ivy  
\_\_\_\_\_ Sunburn easily \_\_\_\_\_ Tetanus shot \_\_\_\_\_ Aspirin / Tylenol \_\_\_\_\_ Hay fever  
\_\_\_\_\_ Other (list) \_\_\_\_\_

HAS HISTORY OF/UNDER MEDICAL CARE FOR:

\_\_\_\_\_ Heart trouble \_\_\_\_\_ Tonsillitis \_\_\_\_\_ Skin disorder  
\_\_\_\_\_ Epilepsy / seizures \_\_\_\_\_ Appendicitis \_\_\_\_\_ Bronchitis  
\_\_\_\_\_ Hernia \_\_\_\_\_ Nervous disorder \_\_\_\_\_ Athletes Foot  
\_\_\_\_\_ Stomach Ulcer \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes  
Recent injury or illness \_\_\_\_\_ Other (Explain) \_\_\_\_\_

SUBJECT TO:

\_\_\_\_\_ Homesickness \_\_\_\_\_ Toothaches \_\_\_\_\_ Cramps \_\_\_\_\_ Earaches  
\_\_\_\_\_ Convulsions \_\_\_\_\_ Hyperactivity \_\_\_\_\_ Sore throat \_\_\_\_\_ Fainting  
\_\_\_\_\_ Headaches \_\_\_\_\_ Cold / pneumonia \_\_\_\_\_ Nosebleeds  
\_\_\_\_\_ Sleepwalking \_\_\_\_\_ Swimmers ear \_\_\_\_\_ A afraid of dark \_\_\_\_\_ Sleepwalking  
\_\_\_\_\_ Exhaustion \_\_\_\_\_ Moody periods \_\_\_\_\_ Stomach / digestive disorders  
\_\_\_\_\_ Other (Explain) \_\_\_\_\_

**FOR GIRLS ONLY:**

Has she been told about menstruation? \_\_\_\_\_ Has she started menstruation? \_\_\_\_\_ Will she have her period during camp? \_\_\_\_\_

LIST ANY ACTIVITIES CAMPER SHOULD NOT PARTICIPATE IN: \_\_\_\_\_

*(The remainder of this form is found on the back of this page. Please complete all required information.)*

**MEDICATIONS REQUIRED WHILE AWAY FROM HOME PLEASE LIST AND DOSAGE!**

Name of medication \_\_\_\_\_

For \_\_\_\_\_

Instructions \_\_\_\_\_

(All medications should be checked in with the camp nurse. Medication must be in original container)

Any medications that should NOT be given? \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_ Other shots up-to-date? Yes No

FAMILY PHYSICIAN \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

NAME OF INSURANCE CARRIER \_\_\_\_\_ POLICY # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**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 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 (we) also have read the attached General Information Sheet and agree to its contents.

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

**PARENTAL/GAURDIAN INFORMATION**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Please print

IS THE FOLLOWING ADDRESS THE SAME AS THE ABOVE NAMED CAMPER? \_\_\_\_\_ YES \_\_\_\_\_ NO

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

WORK PHONE ( ) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

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

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Please print

IS THE FOLLOWING ADDRESS THE SAME AS THE ABOVE NAMED CAMPER? \_\_\_\_\_ YES \_\_\_\_\_ NO

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

WORK PHONE ( ) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

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