

*Heartland Baptist Association*  
**CAMP GROUND ZERO & Life**  
July 26 - 30, 2010

**MISSION FRIENDS REGISTRATION FORM**

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

**Please use dark ink when completing this form and print clearly! Turn this form and registration fee in to your church. The church must have the forms and registration fees IN the Association Missions Center by the deadline date. Camp Fee \$40, Due Upon Registration. **Deadline is July 6, 2010****

NAME \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (     ) \_\_\_\_\_ CHRISTIAN? Yes     No     CHURCH MEMBER? Yes     No  
CHURCH NAME & LOCATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**MISSION FRIENDS MEDICAL INFORMATION**

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) \_\_\_\_\_

HAS HISTORY OF/UNDER MEDICAL CARE FOR:

\_\_\_\_\_ Heart trouble     \_\_\_\_\_ Tonsillitis     \_\_\_\_\_ Skin disorder     \_\_\_\_\_ Asthma  
\_\_\_\_\_ Epilepsy/seizures     \_\_\_\_\_ Appendicitis     \_\_\_\_\_ Bronchitis     \_\_\_\_\_ Diabetes  
\_\_\_\_\_ Hernia     \_\_\_\_\_ Nervous disorder     \_\_\_\_\_ Athletes foot     \_\_\_\_\_ Stomach ulcer  
\_\_\_\_\_ Other (Explain) \_\_\_\_\_

SUBJECT TO:

\_\_\_\_\_ Homesickness     \_\_\_\_\_ Cramps     \_\_\_\_\_ Convulsions     \_\_\_\_\_ Sore throat  
\_\_\_\_\_ Headaches     \_\_\_\_\_ Nosebleeds     \_\_\_\_\_ Earaches     \_\_\_\_\_ Sleepwalking  
\_\_\_\_\_ Exhaustion     \_\_\_\_\_ Fainting     \_\_\_\_\_ Toothaches     \_\_\_\_\_ Swimmer's ear  
\_\_\_\_\_ Hyperactivity     \_\_\_\_\_ Bedwetting     \_\_\_\_\_ Cold/pneumonia     \_\_\_\_\_ Stomach/digestive disorders  
\_\_\_\_\_ Afraid of the dark     \_\_\_\_\_ Moody periods     \_\_\_\_\_ Other (Explain): \_\_\_\_\_

Any medications that you CANNOT TAKE? \_\_\_\_\_

LIST ANY ACTIVITY THE 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 MEDICATION 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

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_