



*Heartland Baptist Association*

CAMP POSITION \_\_\_\_\_

# CAMP LIFE

ROOM ASSIGNED \_\_\_\_\_

June 26 - 30, 2010

## CAMP STAFF/CABIN LEADER

### REGISTRATION FORM

Please use **dark ink** when completing this form and **print** clearly! Turn this form, church recommendation 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 of JULY 6, 2010.** Cabin Leader Fee \$80. Due Upon Registration. This includes your T-shirt and a snack shack ticket.

#### Please choose the size shirt you need:

(Adult Sizes only; Circle One)    Small    Medium    Large    X-Large    XX-Large    XXX-Large

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 \_\_\_\_\_

HAVE YOU EVER SERVED IN CAMP BEFORE? \_\_\_\_\_ IF SO IN WHAT POSITION? \_\_\_\_\_

HAVE YOU EVER BEEN FORMALLY CHARGED WITH CHILD ABUSE, SEXUAL ABUSE OR ASSAULT OR ANY OTHER CRIMINAL OFFENSE THAT CAMP LEADERSHIP SHOULD BE AWARE OF?                      Yes    No

If yes, explain \_\_\_\_\_

ARE THERE ANY ACTIVITIES IN WHICH YOU COULD NOT HELP OR PARTICIPATE? (Explain)  
\_\_\_\_\_

#### IN CASE OF EMERGENCY, NOTIFY:

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

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

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

WE DO APPRECIATE YOUR GIVING THIS WEEKEND TO HELP  
CHANGE THE LIVES OF SOME YOUNG PEOPLE.

**Medical Form on the backside of this page must be completed and signed.**

# STAFF/CABIN LEADER MEDICAL INFORMATION

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)      \_\_\_\_\_

**HAS HISTORY OF/UNDER MEDICAL CARE FOR:**

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

**SUBJECT TO:**

Cramps       Convulsions       Sore throat       Headaches  
 Nosebleeds       Earaches       Fainting       Toothaches  
 Swimmer's ear       Cold/pneumonia       Stomach/digestive disorders  
 Other (Explain)      \_\_\_\_\_

**MEDICATIONS REQUIRED WHILE AWAY FROM HOME**

Name of Medication \_\_\_\_\_

For \_\_\_\_\_

Instructions \_\_\_\_\_

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

Any medications that you CANNOT TAKE? \_\_\_\_\_  
(aspirin, cough drop, etc.)

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

NAME OF INSURANCE CARRIER \_\_\_\_\_

POLICY # \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_

**MEDICAL RELEASE:** I have provided complete and accurate information about myself and understand that, in the event medical treatment is required, and I cannot speak for myself, every effort will be made to contact the person listed in case of emergencies. However, if they cannot be reached & I cannot give my permission, permission is given to the staff to secure the medical services deemed necessary to provide for my well being. I 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 also be used only to supplement the family insurance.

I HAVE ALSO READ AND UNDERSTOOD THE INFORMATION SHEET PROVIDED WITH THIS FORM AND AGREE TO ITS CONTENTS. LIKEWISE, I HAVE APPROVED THE BACKGROUND CHECK CONDUCTED BY MY CHURCH.

Signed \_\_\_\_\_

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