



CABIN #: _____

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

July 18-22, 2011

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 June 23, 2010**. There will be a \$25.00 late fee after the Deadline Date - **NO EXCEPTIONS!** A Camper fee of \$90 is 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 _____							Grade Completed
				M ___ F ___	Age ___	Birth Date ___/___/___	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 23.

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 ____/____/____