



Heartland Baptist Association

INTRODUCTION TO CAMPING (GRADES 1-3)

May 6 & 7, 2011

CAMPER REGISTRATION FORM

PLEASE USE BLUE OR BLACK INK PEN ONLY

**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 \$35, Due Upon Registration - **Deadline is April 25, 2011.****

LATE REGISTRATION FEE OF \$15.00

NAME _____ M ___ F ___ Age ___ Birth Date ___/___/___ Current Grade
1 2 3

ADDRESS _____ Phone () _____

CHRISTIAN? _____ MEMBER? _____

CHURCH NAME & LOCATION _____

ACTIVE IN: S.S.? _____ Church? _____ G.A.'s? _____ R.A.'s? _____ Awanas? _____ TeamKid? _____

IN CASE OF EMERGENCY, NOTIFY:

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE() _____

FATHER'S OCCUPATION _____ MOTHER'S OCCUPATION _____

WORK PHONE () _____ WORK PHONE () _____

IF PARENTS/GUARDIANS CAN'T BE NOTIFIED-Second Party to Notify:

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE () _____

Medical Form on the backside of this page must be completed and signed by both parents or legal guardians.

MEDICAL INFORMATION

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

HAS HISTORY OF/UNDER MEDICAL CARE FOR:

Heart trouble Tonsillitis Skin disorder Asthma
 Epilepsy/seizures Appendicitis Bronchitis Diabetes
 Hernia Nervous disorder Athletes foot Other (Explain)
 Stomach ulcer Recent injury or illness _____

SUBJECT TO:

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

FOR GIRLS ONLY:

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

MEDICATIONS REQUIRED WHILE AWAY FROM HOME: PLEASE PUT ALL MEDICINE IN ORIGINAL BOTTLES

Name of medication _____

For _____

Instructions _____

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

Any medications that should NOT be given? _____

Date of last Tetanus shot ___/___/___ Other shots up-to-date? _____

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

BOTH PARENTS OR ALL LEGAL GUARDIANS MUST SIGN THIS FORM!

Signed _____ Relationship _____ Date ___/___/___

Signed _____ Relationship _____ Date ___/___/___