



CABIN #: _____

Heartland Baptist Association
YOUNGER CHILDREN'S CAMP (GRADES 3-5)
July 22-25, 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 in to your church. The church must have the forms and registration fees IN the Association Missions Center by the deadline date. Camp Fee \$80 Due Upon Registration - Deadline is June 23, 2011; \$25 late fee after deadline. Camp Fee includes a camp 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
3 4 5

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 6th

CAMPER 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 ____ 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? ____

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 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 ____/____/____