

One Body – Many Parts

Concord Baptist Association

Children's Camp 2019 - Registration

July 15-18 @ Camp P82, Rocky Mount, MO

(Students who are going into grades 4-7 next year)

Name _____ Church _____

Address _____ City _____ Zip _____

Home Phone () _____ Grade Next Year _____ Male _____ Female _____

Birthdate (mo/day/yr) _____ / _____ / _____

Are You a Christian? _____ Church Member? _____ T-shirt size _____ Child -or- Adult

Parent's or Current Legal Guardian's Name (Printed) _____

I give PERMISSION FOR MY CHILD TO PARTICIPATE IN AN OFF CAMPUS FIELD TRIP BY BUS. Signed by Parent or Guardian _____

I give PERMISSION FOR MY CHILD TO PARTICIPATE IN SUPERVISED **Water Activities**. A certified lifeguard will be on duty anytime children are in the swimming pool area. My child knows how to swim _____ (Yes or No). Signed by Parent or Guardian _____

I AGREE TO HOLD HARMLESS Concord Baptist Association, Camp P82, their leaders, employees and volunteers for any damages, losses, diseases or injuries incurred by the minor listed on this form.
Signed by Parent or Guardian _____

"I have read the camp rules and agree to pick up my child from camp, at any hour, in the event that he/she does not abide by them."
Signed by Parent or Guardian _____

"I have read the camp rules and understand that I will be sent home if I do not obey them."
Signed by the Camper _____

Has camper: Stayed away from home overnight? Yes / No Been to a camp before? Yes / No

Is camper: afraid of the dark? Yes / No Is camper subject to sleepwalking? Yes / No

I grant Concord Baptist Association permission to use photographs, videos, and other types of digital and photographic recordings of the child listed on this form to be used for camp promotion to our churches, postings on social media and web sites. Every reasonable effort will be made to maintain privacy of all individuals. Yes / No Signed by Parent or Guardian _____

REGISTRATION FEE TO BE PAID TO YOUR CHURCH
Registration \$75 on or before July 10, \$85 after, if space available for camper.

No refunds will be made after July 10. However, fees can be transferred to another camper.

Family Discount if registered before the July 10 deadline: Families with more than one child attending children's camp will receive a \$10.00 discount per additional child. **Please help us to identify siblings!**

Name of Sibling/s attending camp : _____

Both Sides of This Form Must Be Completed .

Medical/Permission Release Form

Student's Name _____ Age _____

Address _____

In Case of Emergency notify: (1) _____

Home Phone () _____ Work Phone () _____

Cellular Phone () _____

(2) _____

Home Phone () _____ Work Phone () _____

Cellular Phone () _____

Family Physician _____ Phone () _____

Approximate Date of Last Tetanus Shot: _____.

PAST MEDICAL HISTORY

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____

Diabetes _____ Heart Problems _____ Stomach Upset _____ Hay Fever _____

Dizziness _____ Hyperactivity _____ Depression _____ Other Emotional Illness _____

Other _____

Any current medication being taken? _____ If so, list: _____

ALL MEDICINES WILL BE GIVEN BY THE CAMP NURSE

ALLERGIES - REACTIONS

Foods _____ Penicillin or other drugs _____

Stings/bites _____ Poison ivy, oak or sumac _____

Other _____

Special diet needed? _____

Any other concerns? _____

PERMISSION FOR MEDICAL TREATMENT

My permission is granted for the Camp Director or Staff in charge to obtain necessary medical attention in case of injury or sickness to my child, understanding that **camp leaders will attempt to call phones listed above before seeking outside treatment.** I verify that the above information is correct and agree to hold harmless the Concord Baptist Association, Camp P82, leaders, employees, and volunteers from any and all claims of damage or injury while participating in camp.

Health Insurance Company _____ Policy # _____

Address _____

Signed by Parent or Guardian _____ Date _____