Concord Baptist Association Day Camp 2019 One Body – Many Parts

Thursday, July 18 - Check in 1:00 PM – Camp P82, Rocky Mount, MO (Students entering grades 2-3 next year) Cost: \$10.00, deadline for registration July 10.

Name	Church				
Address		City		Zip	
Home Phone ()	Grade N	Next Year	Male	_ Female	
DOB (mo/day/yr)/	/	T-shirt size _	Child -c	or- Adult	
Parent/Legal Guardian Name	<u>:</u> (1)				
Home # ()	Work # (Cellular # ()	
	(2)				
Home # ()	Work # ()		Cellular # ()	
Person to notify in case of emo	ergency: Name		Phone	#()	
Child's Physician		Phon	e ()		
Date of Last Tetanus Shot:	Curre	nt medication bein	g taken?		
ALL MEDICATION MUS	T BE ADMINISTE	RED BY PARENT	BEFORE/AFTE	R DROP OFF	
Allergies/Reactions:					
Foods	Penicil	lin or other drugs_			
Stings/bites	Poison	ivy, oak or sumac			
Any other concerns?					
My permission is granted for attention in case of injury or sic phones listed above before seen and agree to hold harmless Convolunteers for any damages, los	kness to my child, king outside treat cord Baptist Assoc	or or Staff in charg understanding tha ment . I verify tha iation, Camp P82,	ge to obtain neces t camp leaders we t the above inform their leaders, em	will attempt to call mation is correct aployees and	
Health Insurance Company			Policy #		
Address					
Signed by Parent or Legal Guar	dian		Date		

churches, postings on social media and websites. Every reasonable effort will be made to maintain privacy all individuals. Yes / No Signed by Parent or Legal Guardian_____

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