

2021 Greene County Boys' Camp

Camper Registration & Health Form

Parent or guardian, please type or print in blue or black ink. This form will be given to your child's cabin leader.

Please do not have your child fill this out. Please fill it out COMPLETELY!

Camp Dates: July 26-30, 2021

Camp Fees: \$110.00 (until deadline) Camp fees are \$120.00 after the June 10 registration deadline.

(Please confirm fees with your church office.)

Camp fees include secondary insurance, canteen card, meals, housing, craft supplies, and camp t-shirt.

Name _____
Address _____ City _____ State _____ ZIP _____
Date of Birth _____ - _____ - _____ Age as of camp _____ Grade Entering _____
Parents' names _____ Phone _____

Church camper attends: _____ (if 1st or 2nd Baptist, give city)
Church or person camper is riding to camp with: _____
Church or person camper is riding home from Baptist Hill with: _____

Camper t-shirt size: **(Circle only one!)** CHILD: S (6-8) M (10-12) L (14-16) ADULT: S M L XL

Information cabin leader needs to know about camper: _____

Requested cabin mate: _____

Note: Choosing a cabin mate is optional. Campers will be assigned to cabins with a cabin leader by grade with requested cabin mate, if possible. Campers will not automatically be put with others campers or cabin leader from the same church unless requested.

Please note that cabin mate requests cannot be guaranteed if you register after the June 10 deadline.

SPIRITUAL BACKGROUND – PARENTS, PLEASE CHECK ONLY ONE STATEMENT.

- Check only ONE
- ☐ My child is a Christian, saved and sure at age _____, baptized at age _____.
 - ☐ My son was saved at age _____ but has questions and doubts at times. He needs to retell his salvation experience and the changes in his life and the joy that followed to be reassured. He was baptized at age _____.
 - ☐ My child went forward at age _____, but I'm unsure of his experience.
 - ☐ My son has not been saved yet.
 - ☐ I don't understand what Southern Baptists mean by "saved," and I'm unsure which category to mark.

PERMISSION: As parent or guardian of _____ (first and last name of camper), I give him permission to do all activities as may be included in camp this year (such as playing in the spring, severe weather drill at the beginning of camp, canoeing, 16-foot waterslide, swimming, sleeping on the top bunk, being photographed/videotaped for camp promotion, night-time laser tag, etc.) with my signature below. I understand that my child will **not** be allowed to attend camp without **my** signature. If there is any activity for which I do **not** give my child permission, I will elaborate in the following blank:

Parent or Guardian Signature: _____ Date: _____

This is a two-page form. Please complete the reverse side. → → →

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Camper's Name: _____

Emergency Contact Information. Please list name, relationship, and telephone number for each person:

Please mark any of the below that apply to camper:

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney/Bladder Problems |
| <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Bleeder | <input type="checkbox"/> Seizures | <input type="checkbox"/> Emotional Difficulties |
| <input type="checkbox"/> Athlete's Foot | <input type="checkbox"/> Appendix Out | <input type="checkbox"/> Stomach Trouble | <input type="checkbox"/> Other (please list) | |

ALLERGIES: ☐ Bee sting ☐ Food ☐ Poison Ivy ☐ Mosquito Bite ☐ Penicillin ☐ Other _____

Please provide instructions for any marked above.

Camper will be bringing these medications: (Use additional sheets if necessary.)

Name of Medication	Dosage	How Taken (Chewable, Liquid, Swallowed Tablet, Inhaler, etc.)	Time of Day Taken

**Please bring medication in a bag labeled with camper's name. Please do not send more medication than is needed for the duration of camp. DO NOT SEND OVER-THE-COUNTER MEDICATIONS.*

Permission to give Tylenol? Y or N

Permission to give Ibuprofen? Y or N

Has your camper had a tetanus shot (DPT) within the last 5 years? Yes _____ No _____

Other shots up-to-date? Yes _____ No _____ If no, please explain _____

Camper's primary care physician: _____ Phone _____

Permission for camp nurse to treat injuries, sickness, etc. Yes _____ No _____

Permission for camp nurse to treat head lice Yes _____ No _____

Name of Health Insurance Company: _____ Policy Number _____

Other information nurse needs to know about my camper: _____

I agree not to permit _____ to go to camp if he has been exposed to any contagious or infectious disease during the two weeks before camp.

PERMISSION: In case of emergency, I understand I will be notified if possible, and I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my camp attendee as named above.

Signed _____ Parent/Guardian Date _____

Boys' Camp Cancellation/Refund Policy: If canceling prior to two weeks before the beginning of camp, a full refund will be given. If cancellation occurs within the two weeks prior to camp, 1/2 refund will be given. If cancellation occurs the day camp begins, no refund will be given. This is due to expenses already incurred.

Please return this completed form and camp fees to the church camper is attending with or directly to:
Greene County Baptist Association, 834 West Battlefield, Springfield, Missouri 65807