



Grand Oaks Baptist Assembly's
INTRODUCTION TO CAMPING (Grades 1-3)
June 23-24, 2017

CAMPER REGISTRATION FORM

PLEASE USE BLUE OR BLACK INK PEN ONLY

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 to Grand Oaks Camp (9463 State Hwy 190 Chillicothe, MO 64601) by deadline date.

Camp Fee \$25 (made payable to Grand Oaks Baptist Assembly), Due Upon Registration
Registration Deadline is June 19, 2017.

THERE WILL BE NO LATE REGISTRATIONS

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

ADDRESS _____ Phone () _____

CHRISTIAN? _____ MEMBER? _____ ASSOCIATION _____

CHURCH NAME & LOCATION _____

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

IN CASE OF EMERGENCY, NOTIFY:

NAME _____ RELATIONSHIP _____
Please Print

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 _____
Please Print

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:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Bee/insect sting | <input type="checkbox"/> Sulfa/other drugs | <input type="checkbox"/> Poison Ivy |
| <input type="checkbox"/> Sunburn easily | <input type="checkbox"/> Tetanus shot | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Aspirin/Tylenol |
| <input type="checkbox"/> Other (list) _____ | | | |

HAS HISTORY OF/UNDER MEDICAL CARE FOR:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Skin disorder | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Nervous disorder | <input type="checkbox"/> Athletes foot | <input type="checkbox"/> Other (Explain) |
| <input type="checkbox"/> Stomach ulcer | Recent injury or illness _____ | | |

SUBJECT TO:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Homesickness | <input type="checkbox"/> Cramps | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Nosebleed | <input type="checkbox"/> Earaches | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Exhaustion | <input type="checkbox"/> Fainting | <input type="checkbox"/> Toothaches | <input type="checkbox"/> Swimmer's ear |
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Cold/pneumonia | <input type="checkbox"/> Stomach/digestive disorders |
| <input type="checkbox"/> Afraid of the dark | <input type="checkbox"/> Moody periods | <input type="checkbox"/> 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 ___/___/___