

Lamine Baptist Association Children's Camp

July 13-17, 2020

Name (please Print) _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate ____/____/____
Grade you will be entering the fall of 2020 _____ Church you attend _____		
Address _____ City _____ State _____ Zip Code _____		
Home Phone _____ Cell _____ Email _____		
Name of parents/Guardian _____		Phone _____
Emergency Contact Person _____		Relationship _____ Phone _____
Alternate Contact Person _____		Relationship _____ Phone _____
Person responsible for picking up camper _____		
T-Shirt Size <input type="checkbox"/> Youth Sm <input type="checkbox"/> Youth Med <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lrg <input type="checkbox"/> Xlrg		

I _____ am the parent/guardian of _____ and I am informed of the activities offered by the Lamine Baptist Association for the 2020 Children's Camp held at Windermere Conference Center on the dates of July 13-17. I hereby give consent for my child to attend and participate in all activities provided by this camp.

I ☐ **do** ☐ **do not** give permission for the Lamine Baptist Association to photograph my child for the purpose of future promotions.

Parent/Guardian Signature _____ Date ____/____/____

Registration **DEADLINE** is June 5. Cost for registration is \$130.00. Please submit registration, medical information, prescriptions list and Windermere release form with a \$50.00 deposit by June 5. Remaining balance will be due the day of camp.

Because of new guidelines for reporting to Windermere our cabin and student needs the due date is important.

Campers registering after June 5 will not be guaranteed an opportunity to participate with camp!

Mail Registration Forms and Deposits To

Lamine Baptist Association

13570 N. State Hwy 5

Sunrise Beach, MO 65079

Official Use Only			
Date Forms Received ____/____/____	Amt. Enclosed \$ _____	Check # _____	Balance Due \$ _____

Medical Release Form on back side >>>>

Lamine Baptist Association Children's Camp

Medical Release Form

Campers Name _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell _____ Email _____

Name of parents/Guardian _____ Phone _____

Emergency Contact Person _____ Relationship _____ Phone _____

Medical /Health Insurance _____ Policy # _____

List Any Allergies _____

Other information Staff/Leadership needs to know about my teen _____

Medications

All attached medications must be in the original container and have the label by the pharmacist/physician. The container shall have a label that includes the campers name, name of medication, dosage, and physician's name. We will not dispense any medication that is not in the original container

All non-prescription "over the counter" medication should be sent in the original container with a written request from the parent/guardian as to how much and how often to be administered.

Please only send enough medication to supply your child through the week

Camp Leaders ☐ may or ☐ may not administer Tylenol/Ibuprofen as needed

Permission For Medical Treatment

I _____ the parent/legal guardian of _____ do hereby give permission to the Lamine Baptist Association and its camp leadership to obtain medical treatment in case of sickness or injury to my child while participating in the associational camp. I verify that the above information is true to the best of my knowledge and I do hereby release and forever discharge all the sponsors/leaders of the Lamine Baptist Association from any and all claims, demands, actions, or cause of action, past, present or arising out of any damage or injury while participating in activities of the said Lamine Baptist Association.

Signature of Parent/Legal Guardian _____ Date ____/____/____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD WITH THIS APPLICATION