

# Lamine Baptist Association Children's Camp

**July 5-9, 2022**

Name (please Print) \_\_\_\_\_ ☐ Male ☐ Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade you will be **entering** the fall of 2022 \_\_\_\_\_ 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 \_\_\_\_\_

**Children T-Shirt Size:** ☐ Sm ☐ Med ☐ Lrg

**Adult T-Shirt:** ☐ Sm ☐ Med ☐ Lrg ☐ Xlrg ☐ 2X ☐ 3X

I \_\_\_\_\_ am the parent/guardian of \_\_\_\_\_ and I am informed of the activities offered by the Lamine Baptist Association for the 2021 Children's Camp held at Baptist Ridge camp on the dates of July 5-9. 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 begins May 1 and the **DEADLINE IS JUNE 4**. Cost for registration is \$125.00. Please submit registration, medical information, prescriptions list with a \$50.00 deposit when registering. Remaining balance will be due the day of camp.

**Registrations received after June 4 will not be guaranteed an opportunity to participate with camp or a camp shirt!**

**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 child \_\_\_\_\_

\_\_\_\_\_

### 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 (any medication requiring a needle will not be accepted)

**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

I understand and agree to the medication requirement for my child \_\_\_\_\_ (parent/guardian initials)

### 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