

# Lamine Baptist Association Youth Camp

July 6-10, 2020

Name (please Print) _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birthdate ____/____/____
Grade you will be <b>entering</b> 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"/> small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/> extra-large <input type="checkbox"/> 2XX			

I \_\_\_\_\_ am the parent/guardian of \_\_\_\_\_ and I am informed of the activities offered by the Lamine Baptist Association for the 2020 Youth Camp held at Windermere Conference Center on the dates of July 06-10. I hereby give consent for my youth 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 youth for the purpose of future promotions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Registration **DEADLINE** is June 12. Cost for registration is \$150.00. Please submit registration, medical information, prescriptions list and Windermere release form with a \$25.00 deposit by June 12. 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 12 will not be guaranteed an opportunity to participate with camp!**

**Mail Registration Forms and Deposits To**

**Lamine Baptist Association**

**13560 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 Youth 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 youth 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 youth 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