

# Lamine Baptist Association Youth Camp

June 24-28, 2019

Name (please Print)_____ <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate____/____/____					
Grade you will be entering the fall of 2019_____ 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( circle one)      small      medium      large      extra large      2XX					

I \_\_\_\_\_ am the parent/guardian of \_\_\_\_\_ and I am informed of the activities offered by the Lamine Baptist Association for the 2019 Youth Camp held at Windermere Conference Center on the dates of June 24-28 . 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.

Registration **DEADLINE** is May 1. Cost for registration is \$125.00. Please submit registration, medical information, Prescriptions list and Windermere release form with a \$50.00 deposit by May 1. Remaining balance will be due the day of camp.

**Campers registering after May 1 will not be guaranteed an opportunity to participate with camp!**

**Mail Registration Forms and Deposits To**

**Lamine Baptist Association**

**13560 North 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 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 youth \_\_\_\_\_

### 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