

PULASKI BAPTIST ASSOCIATION
2017 CAMPER APPLICATION

MILLER/PULASKI JR HIGH/YOUTH CAMP
CAMP FEE \$60.00

MUST HAVE COMPLETED

Grades 6-12

JULY 24, 1:00 P.M. - JULY 28, 1:00 P.M.

DO NOT ALTER THIS FORM IN ANY WAY (please type or print)

NAME _____ Sex F / M (CIRCLE ONE) AGE DURING CAMP _____
BIRTH DATE ____/____/____ **GRADED COMPLETED THIS YEAR** _____
MO DAY YR

SCHOOL ATTENDS _____

PARENT'S OR GUARDIANS' NAME _____

DOES CAMPER LIVE WITH BOTH PARENTS? _____ IF NOT, WITH WHOM _____

RELATIONSHIP _____ HOME ADDRESS _____

_____ CITY _____ HOME PHONE(____) _____

FATHER'S OCCUPATION _____ BUSINESS PHONE(____) _____

MOTHER'S OCCUPATION _____ BUSINESS PHONE(____) _____

IN CASE OF EMERGENCY AND IF PARENTS CAN'T BE REACHED, NOTIFY _____

_____ BUSINESS PHONE(____) _____ HOME PHONE(____) _____

WHAT IS THIS PERSON'S RELATIONSHIP? _____

WHAT CHURCH DOES THE CAMPER ATTEND _____

WHAT CHURCH IS CAMPER COMING WITH _____

HAS THE CAMPER ACCEPTED JESUS CHRIST AS SAVIOR? YES NO (CIRCLE ONE) WHEN _____

WHAT ACTIVITIES AT CHURCH IS THE CAMPER INVOLVED IN? _____

PARENT PLEASE CHECK THOSE STATEMENTS THAT APPLY TO YOUR CAMPER

<input type="checkbox"/> HAS BEEN TO CAMP BEFORE	<input type="checkbox"/> AFRAID OF THE DARK	<input type="checkbox"/> AFRAID OF WATER
<input type="checkbox"/> BED-WETTER	<input type="checkbox"/> TAKES COLD EASILY	<input type="checkbox"/> FEELINGS EASILY HURT
<input type="checkbox"/> SHOW SENSE OF INFERIORITY	<input type="checkbox"/> CRITICAL/FAULT FINDING	<input type="checkbox"/> SHY
<input type="checkbox"/> TRY TO DOMINEER	<input type="checkbox"/> SUNBURN EASILY	<input type="checkbox"/> EASILY DISCOURAGED
<input type="checkbox"/> PREFER A LARGE GROUP OF PLAYMATES	<input type="checkbox"/> PREFER A SMALL GROUP OF PLAYMATES	
<input type="checkbox"/> Should not use upper bunk		

WHAT DO YOU WANT YOUR CAMPER TO GET OUT OF CAMP?

WHAT DOES YOUR CAMPER WANT TO GET OUT OF CAMP?

LIST ANY SPORT OR ACTIVITY LIMITATIONS THAT YOUR CAMPER MAY HAVE:

CAMPER HAS PERMISSION TO ENGAGE IN ALL CAMP ACTIVITIES EXCEPT: (List all prohibited activities)

PLEASE SHARE ANY OTHER INFORMATION THAT WOULD AID YOUR CAMPER'S COUNSELOR IN KNOWING YOUR CAMPER BETTER:

BE SURE TO READ THE CAMPER INFORMATION SHEET, GENERAL RULES AND REGULATIONS FOR CAMPS AND RETREATS

PLEASE READ CAREFULLY AND SIGN

PARENT'S AUTHORIZATION—I approve the application above and the conditions listed here and on the **CAMP HEALTH FORM**, and hereby certify that my child is of good moral character. My permission is hereby granted to use pictures of my child in camp advertising material. It is agreed that Pulaski Baptist Association, Inc., will not be held responsible for unforeseen accidents or illness of my child. I grant permission for my child to participate in every Camp sport and activity unless listed and discussed above. I recognize there is an element of risk in activities I or my child may participate in while staying at Pulaski Baptist Camp. I assume full responsibility for my child or self, for any accident or injury that may occur while staying at Pulaski Baptist Camp. I hereby release, indemnify, and hold harmless Pulaski Baptist Association, Inc., and/or Pulaski Baptist Association Camp Inc., its agents and employees, from and against any and all claims, liabilities, suits, actions, attorney's fees, and including without limitation any act, omission, or negligence of Pulaski Baptist Association, it's agents, employees, which may arise from or in any way be connected with my child's/my stay or participation in activities at Pulaski Baptist Camp. **BOTH PARENTS/GUARDIANS SIGNATURE IS REQUIRED.**

SIGNED _____ RELATIONSHIP _____ DATE _____

SIGNED _____ RELATIONSHIP _____ DATE _____

CAMPER HEALTH FORM

ALL YOUTH TAKING MEDICATIONS MUST BRING A CURRENT PHOTO

(This health history is accurate as far as I know)

CAMPER'S NAME _____ Date of last tetanus shot _____

CAMPER HAS HAD: ___ear infections ___ heart trouble ___measles ___chicken pox
 ___dietary restrictions (explain) ___surgery or serious health problems (please explain)

CAMPER IS ALLERGIC TO: ___bee sting ___penicillin ___poison ivy ___poison oak ___ sumac
 ___dust ___other (list and explain)

Does your camper have asthma? YES NO (CIRCLE ONE)

Does camper have any contagious diseases? YES NO (CIRCLE ONE) If so what? _____

Name of Medication	Dose in mg.	Amount/# to be given	Time to be given	<u>Complete at registration</u> Total # of pills & initial of parent/staff

I give the personnel of Pulaski Baptist Camp permission to administer the above medications as directed to my camper

 Name of Camper Signature of parent/guardian Date

**** All medications must be brought in original bottle or container. All prescription medicines must have pharmacy label, including name of doctor, and must have current photo.**

**** All medications must be turned in to camp personnel.**

****All medications to include Tylenol, Ibuprofen, and vitamins will be kept by camp nurse in a locked, Secure area. The only medication that a camper will be allowed to keep in their possession is a Rescue/emergency inhaler for asthma. Campers who use inhalers are to be instructed not to share their inhaler with anyone else.**

****Sharing of medication by a camper will result in referral of the camper to the camp director.**

I give the Pulaski Baptist Camp nurse permission to administer the following over the counter medications as needed to my camper according to the manufacturer's directions. Please check all you wish to be given as needed.

 Signature of parent/guardian Date

___Tylenol ___Ibuprofen ___Orajel ___Tums ___Caladryl Lotion
 ___Chloraseptic spray ___Halls Cough Drop ___Antibiotic ointment ___Sunburn spray/
 Lotion with Lidocain ___Pepto Bismol ___Benadryl

In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the Camp Coordinator or Camp Administrator, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, named above. I also will notify Pulaski Baptist Association if my camper has been exposed to any communicable diseases during the 3 weeks prior to camp attendance. **BOTH PARENTS/GUARDIANS SIGNATURE IS REQUIRED.**

SIGNED _____ RELATIONSHIP _____ DATE _____

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CAMP T-SHIRT ORDER FORM

T-SHIRTS SIZES CAN ONLY BE ORDERED BY June 22, 2017

Remember, turn in your completely filled out camp application to the Associational office by JUNE 22, 2017

Please check your size of T-shirt:

_____ADULT SMALL

_____ADULT MEDIUM

_____ADULT LARGE

_____ADULT X LARGE

_____ADULT XX LARGE

NAME OF CAMPER_____

PERMISSION TO VIDEO

THIS YEAR WE WILL BE PRODUCING A VIDEO OF OUR WEEK AT CAMP. THIS VIDEO WILL BE USED FOR CAMP PURPOSES ONLY. WE NEED THE PERMISSION OF THE PARENT/GUARDIAN IN ORDER TO TAKE PICTURES OF YOUR CHILD OR YOUTH. NO NAMES WILL BE USED IN THIS VIDEO.

PULASKI BAPTIST ASSOCIATION HAS MY PERMISSIN TO VIDEO MY CHILD/YOUTH TO BE USED FOR CAMP PURPOSES/PROMOTION ONLY.

PARENT/GUARDIAN_____