

Laclede Baptist Association Camp  
**CHILDRENS CAMP REGISTRATION FORM**  
June 18-22, 2018

Those eligible for Children's Camp are boys and girls having completed the 3<sup>rd</sup> through 6<sup>th</sup> grade.

Please complete this form, **and a health form**, and return them to the Laclede Baptist Assn., PO Box 1221, Lebanon, MO 65536, by noon on June 1st. If you have questions, please call 417-532-9648.

Camp fee is \$50. Fees are refundable up to the day camp begins. **\$30 is due with this registration form.** The remainder is due on the first day of camp. There will be a \$10 late registration fee after noon on June 1.

**NO CAMPER IS TO BE AT CAMP BEFORE 1:00 P.M. MONDAY AND MUST BE PICKED UP BY 1:00 P.M. FRIDAY** (no lunch is served on Monday or Friday).

FREE T-SHIRT if your registration is in the association office before noon on June 1, 2018. We cannot be responsible if you, or your church, do not get your registration form in our office on time.  
T-Shirt size: (Please circle)

**Childs sizes:**

S (2-4)      M (6-8)  
L (10-12)    XL (14-16)

**Adult sizes:**

Small      Medium      Large  
X-Large    XX-Large

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Grade Completed \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work or Cell Phone (\_\_\_\_) \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

Who will sign out your child when they are picked up? \_\_\_\_\_  
(Any change must be verified by parent/guardian prior, with Camp Director.)

Campers will not need spending money, however, a mission offering will be received.

My child has permission to participate in a canoe trip one day. (6<sup>th</sup> grade only)? Yes \_\_\_\_\_ No \_\_\_\_\_

My child has permission to swim Yes \_\_\_\_\_ No \_\_\_\_\_ \*Swim times for boys and girls will be separate.\*

Do we have your permission to take your child's picture for camp activities and use it in future promotion?

Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE NOTE: THERE WILL BE A HEAD LICE CHECK AT THE CAMP REGISTRATION. DO NOT UNPACK UNTILL YOU HAVE BEEN CHECKED.**

\_\_\_\_\_  
Signature of parent or guardian

**CO-CAMP DIRECTORS:** Bradley James 417-589-3805 [bsjemes@yahoo.com](mailto:bsjemes@yahoo.com)  
Ann Holley 417-718-4700 [elizannaholley@gmail.com](mailto:elizannaholley@gmail.com)

Laclede Baptist Association Camp

**HEALTH REGISTRATION**

(Please Print)

Please complete this form **with the Camp Registration Form** and return it to the Laclede Baptist Association, PO Box 1221, Lebanon, MO 65536.

Please circle one:                      Family Camp                      Youth Camp                      Children's Camp

Camper/Worker Name \_\_\_\_\_

Parent/Guardian (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In case of an emergency notify: (other than parent)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you (camper) under the guardianship of the court, government agency or foster ?    Y    N

Please check if you have had a history of the following:

- |                     |                      |                      |                            |
|---------------------|----------------------|----------------------|----------------------------|
| _____ Asthma        | _____ Bed wetting    | _____ Athletes foot  | _____ Sleep walking        |
| _____ Heart trouble | _____ Diabetes       | _____ Upset stomach  | _____ Epilepsy             |
| _____ Sinus trouble | _____ Frequent colds | _____ Kidney trouble | _____ Emotional difficulty |
| _____ Ear trouble   | _____ Other          |                      |                            |

Instructions on any marked above: \_\_\_\_\_

Are you currently taking any medication? (Circle)    Yes    No

If yes, list medication(s) and dosage instructions \_\_\_\_\_

Blood type (if known) \_\_\_\_\_ Date of last tetanus shot (if known) \_\_\_\_\_

Activities that should be restricted \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

In case of Emergency, I understand that the people listed above will be notified if possible and I hereby give permission to the Physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child (or myself) as named above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Laclede Baptist Camp insurance is only a secondary insurance. The camper's insurance is the primary insurance.

Name of camper's insurance: \_\_\_\_\_ Phone \_\_\_\_\_

Policy # \_\_\_\_\_ Group \_\_\_\_\_

(Please keep this page for reference-Do not return with registration)

## **THINGS TO BRING TO CAMP**

Please, mark all items with your name!!

### **DO NOT BRING (not allowed!):**

Cell Phones & MP 3 Players  
Sun tan **Oil** – oil hurts pool  
Radios/Recorders  
Hand-held video games  
Personal ice coolers  
Jewelry  
Valuable items  
Fireworks  
Drugs  
Alcohol  
Pornography  
Weapons/pocket knives  
No Pets

### **Clothing:**

Pajamas  
Robe  
Shorts (NOT SHORT-SHORTS)  
Jeans (at least one pair with long legs)  
Underwear  
Socks  
Light jacket or sweater  
Swim suit (one piece)  
Shoes (2 pair)

### **Study Materials:**

Bible  
Pencil  
A memory book for signatures, etc.

### **Linens & Bedding (twin beds):**

Towels  
Wash cloths  
Sleeping bag or 2 sheets  
Blanket  
Pillow

### **Personal Health Care Items:**

Soap  
Toothbrush  
Toothpaste  
Comb/brush  
Deodorant  
Shampoo  
Medication (check with nurse  
Immediately upon check-in)  
Sunscreen (**oil free**)  
If you use oil – shower before  
entering the pool!  
Bug repellent

### **Money:**

It is suggested that campers bring money for a mission offering. They will not need spending money.

### **ALSO BRING:**

Disposable camera if wanted  
Good disposition  
Patience  
Cooperative spirit

### **PLEASE NOTE:**

**If anything is left at the camp, please check at the association office. Anything left for a month after camp is over will be given away!**