

Laclede Baptist Association Camp  
**FAMILY CAMP REGISTRATION FORM**  
**May 31 - June 2, 2018**

Family Camp is for those who have completed kindergarten through second grade and their parent(s)/grandparent(s), required. We want our young campers to have a good experience at camp and give them an opportunity to have a bonding time with their parent(s)/grandparent(s). We are having a special parenting conference just for parents and grandparents.

**Cost is \$35.00 per child, parents/grandparents come free.** Plan to arrive at camp at 4:00 p.m. on Thursday afternoon for registration. The camp schedule will end Saturday at 1:30 p.m. Families are welcome to stay and swim. **AN ADULT FAMILY MEMBER OR GUARDIAN MUST ATTEND THIS CAMP WITH CHILD.**

Please complete this form (one per family) **and a completed health form (one per person)** and return to the Laclede Baptist Association, PO Box 1221, Lebanon, MO 65536. **Registration form and fee of \$35 is due by May 18.**

FREE T-SHIRT (for paid camper only) if your registration is in the association office before noon May 18. We cannot be responsible if you, or your church, do not get your registration form in our office on time.

For information, please call the association office 417-532-9648 or camp director, Marie Brown at 417-286-3986, email: [urbrown@missouricom.com](mailto:urbrown@missouricom.com) or Facebook Marie Brown.

Family's Last Name \_\_\_\_\_

Parent's First Name(s) \_\_\_\_\_ Attending? Yes\_\_ No\_\_

Attending Adult's Name other than Parent \_\_\_\_\_

Home Address \_\_\_\_\_

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

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

1<sup>st</sup> Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt Size\* Boy\_\_ Girl\_\_

2<sup>nd</sup> Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt Size\* Boy\_\_ Girl\_\_

3<sup>rd</sup> Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt Size\* Boy\_\_ Girl\_\_

Person responsible for picking child up on Saturday at 1:30 (if applicable) \_\_\_\_\_

Do we have your permission to take your child's picture and use it in camp video? Y\_\_ N\_\_

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

\* T-shirt sizes on next page

FREE T-SHIRT FOR CHILD (KINDERGARTEN-2<sup>nd</sup> GRADE) IF your registration is in the association office by noon, two weeks before the first day of camp (May 18). We cannot be responsible if you, or your church, do not get your registration form in our office on time.

T-Shirt size: (Please enter size by child's name on front of form)

**Childs sizes:**    S (2-4)        M (6-8)        L (10-12)        XL (14-16)

T-shirts are given free to children who are registered (Kindergarten-2<sup>nd</sup> grade). **If anyone (other than the registered child-K, 1<sup>st</sup>, 2<sup>nd</sup> graders) wishes to purchase a T-shirt, your money and size must accompany the child's registration form (and be in our office before the two-week deadline). The shirts cost \$5.50 each (adult extra-large shirts are \$7.00).**

**Adult sizes:**    Small        Medium        Large        X-Large        XX-Large

Adult shirt and size for: \_\_\_\_\_

Adult shirt and size for: \_\_\_\_\_

Please attach check or cash for the adult shirt(s).

**PARENTS - PLEASE NOTE:**

**We have had problems in the past when money for additional shirts was turned in to the church instead of our office. We have no way of knowing that this money was paid to the church, so we ask that you please make sure this money is passed on to us. We will not order these shirts unless we have the money.**

Laclede Baptist Association Camp  
**HEALTH REGISTRATION** (Please Print)

**We need a health form for each person staying at the camp (adults & children)**

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 \_\_\_\_\_ Age \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

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

Are you under the guardianship of the court or government agency?    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 \_\_\_\_\_

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_____ Sinus trouble	_____ Frequent colds	_____ Kidney trouble	_____ Emotional difficulty
_____ Ear trouble	_____ Other		

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- |  |   |   |   |
|--|---|---|---|
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| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Upset stomach  | <input type="checkbox"/> Epilepsy             |
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(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  
Tobacco/E-Cigarette  
Pornography  
Weapons/pocket knives  
No Pets

### **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

### **Clothing:**

Pajamas  
Robe  
Shorts (NOT SHORT-SHORTS)  
Jeans  
Underwear  
Socks  
Light jacket or sweater  
Swim suit One Piece  
Shoes (2 pair)  
Rubber Boots/Suggested for  
morning wet grass

### **Study Materials:**

Bible  
Pencil  
A memory book for signatures, etc.

### **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!**