

CHILDREN'S

Name: _____ T-Shirt size: XS, S, M, L, XL, XXL
(Last Name) (First Name) Circle One (All sizes are ADULT Size)

Gender: M _____ F _____ Age _____ Grade Completed _____ Christian: Yes _____ No _____

Parent / Guardian: _____ Work Phone _____
Address: _____ Home Phone _____
City: _____ Other Phone: _____
Additional Contact Person: _____ Home Phone: _____ Work Phone: _____
Church You Are From: _____ Member: Yes _____ No _____

Request sharing Cabin with (Only one person of the same age) _____

Known date and times to be absent from Camp: _____

CHECK AND COMMENT ON ALL THAT APPLY: Please Print:

ALLERGIES: Penicillin _____ Bee/insect sting _____ Poison ivy _____ Tetanus shot _____ Hay fever _____

Sulfa/other drugs (list): _____

Other Allergies (list): _____

HAS HISTORY OF AND/OR UNDER MEDICAL CARE FOR:

Heart trouble _____ Tonsillitis _____ Skin disorder _____ Asthma _____ Epilepsy/seizures _____ Bronchitis _____

Diabetes _____ Hernia _____ Nervous disorder _____ Athletes foot _____ Stomach ulcer _____

Other: _____

Do you presently have any contagious disease(s): No _____ Yes _____ what is it _____

CAMPER IS SUBJECT TO:

Homesickness _____ Cramps _____ Convulsions _____ Sleepwalking _____ Sore throat _____ Headaches _____
Bed-wetting _____ Nosebleeds _____ Earaches _____ Hyperactivity _____ Fainting _____ Toothaches _____
Exhaustion _____ Swimmers ear _____ Cold/pneumonia _____ Stomach/digestive disorders _____

Other: _____

CHECK OR LIST ACTIVITIES CAMPER SHOULD NOT PARTICIPATE IN:

Swimming _____ Strenuous Games _____ Should not use an upper bunk bed _____

Other Limitations: _____

MEDICATIONS REQUIRED WHILE AT CAMP:

(Must be in Original Container. All Medications must be checked in with Camp Nurse. Please use back as needed.)

Name of medicine: _____ For: _____

Instructions: _____

Medications that should not be given _____

Date of last Tetanus shot _____

Family Physician: _____ Office Phone _____

MEDICAL RELEASE:

I(we) have provided complete and accurate information about this camper/myself and understand that, in the event that medical treatment is required, every effort will be made to contact me(us) or the other person named above. However, if I(we) cannot be reached I(we) give permission to the staff or sponsor to secure the medical services deemed necessary to provide for this camper's well being. I(we) also understand that the insurance provided by Grand Oaks Baptist Assembly, Inc. is a limited supplemental policy covering only injury or accidents occurring during the event at Grand Oaks. Even then it will be used only to supplement the family insurance.

Signed: _____ Relation: _____ Date: _____

Parent/Guardian Email Address: _____

IMAGE RELEASE:

I(we) release to Linn-Livingston Baptist Association and/or Grand Oaks Baptist Assembly, Inc. the right to use photographs taken of my (our) child during camp for promotional advertisements in the form of brochures, web pages, newsletters, bulletin boards, media presentations, or videos, with the understanding that these photographs will be used in a respectful and decent manner.

Signed: _____ Relation: _____ Date: _____

OFFICE USE ONLY:

Cabin assigned: _____ Unit _____ Cabin Leader _____