

**Linn-Livingston Camp Registration 2018**

**Children's Camp Staff**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_ Tshirt Size XS S M L XL XXL  
Circle One (Adult Size Only)

Address: \_\_\_\_\_ Work Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Church Membership \_\_\_\_\_ Gender: F \_\_\_\_\_ M \_\_\_\_\_

Cabin Leader \_\_\_\_\_ Ass't. Cabin Leader [or CIT] \_\_\_\_\_ Camp Staff \_\_\_\_\_

Share briefly your salvation experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHECK AND COMMENT ON ALL THAT APPLY**

**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 \_\_\_\_\_ Appendicitis \_\_\_\_\_

Bronchitis \_\_\_\_\_ Diabetes \_\_\_\_\_ Hernia \_\_\_\_\_ Nervous disorder \_\_\_\_\_ Athlete's foot \_\_\_\_\_ Stomach ulcer \_\_\_\_\_

Other: \_\_\_\_\_

Do you presently have any contagious disease(s): No \_\_\_\_\_ Yes \_\_\_\_\_ What is it \_\_\_\_\_

**Medications Required While at Camp: (Must be in original container)**

Name of medication: \_\_\_\_\_ For: \_\_\_\_\_

Instructions: \_\_\_\_\_

Any medication that should not be given? \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ (All medications must be checked in with the camp nurse)

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 limited supplemental policy covering only injury or accidents accruing during the event at Grand Oaks. Even then it will be used to only supplement the family insurance.

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

**Ministry Reference:** I recommend the above signed as spiritually and socially mature to enough to serve as a worker at camp

Signed \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

(Must be signed by a church pastor/leader of the church of which the worker is a member)

**Office Use Only**

Cabin assigned: \_\_\_\_\_ Unit: \_\_\_\_\_ Cabin Leader: \_\_\_\_\_

\_\_\_\_\_