

MSWSBA 2018 BIBLE CAMP REGISTRATION

Camp Inlow – July 23-27, 2018

CAMPER INFORMATION

DATE _____

Camper grade info.: (Please circle one) **Has just completed 3rd-6th grade** or, **Has just completed 7th-12th grade**

Camper Fee: Early Registration (postmarked by 5/31/18) - \$80; Final Registration (postmarked by 6/30/18) - \$85.

Directions: FILL IN EVERY BLANK – DO NOT LEAVE ANY SPACE BLANK – If particular information does not pertain to you, please mark or indicate “N/A” (Not Applicable).

Camper Name (L,M,F) _____ Grade(just completed) _____

Date of Birth (MM,DD,YYYY) _____ Gender: Male Female (circle one)

Home Telephone _____ - _____ - _____ Unlisted? Yes No Camper Cell _____ - _____ - _____

Camper's Address _____ City _____ State _____ Zip _____

T-shirt Size _____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult XL _____ Adult XXL
_____ Adult XXXL _____ Other Size

Photo Release: I authorize the use of my child's photograph in Camp Publications/Activities: _____ Yes _____ No

Sleeping Bunk Preference: Top _____ Bottom _____ No preference _____

List Name(s), age(s), and grade(s) of all siblings attending camp : _____

Sponsor Church Name: _____

PARENT INFORMATION

Name(s) of Parent(s)/Guardian(s) with which camper resides: _____

Parent(s)/Guardian(s) Address & Phone No. (if different from above): _____

Parent e-mail address _____ Parent e-mail address _____

Relationship to Camper _____ Relationship to Camper _____

Parent cell phone _____ Parent cell phone _____

Employer & Occupation _____ Employer & Occupation _____

Available at work #: Y N _____ Available at work #: Y N _____

If both camper's parents do not live in the same household, please fill out the secondary parent information.

Name _____ Name _____

Relationship to camper _____ Relationship to camper _____

Parent cell phone _____ Parent cell phone _____

Employer & Occupation: _____ Employer & Occupation: _____

Available at work #: Y N _____ Available at work #: Y N _____

Home Plan:

The following person will be responsible for transporting my camper home on the last day of camp: NOTE: Campers will not be released on the last day until signed out by the person listed below in the Camp Dining Hall.

Disclaimer: I understand that campers are not permitted to carry cell phones at camp. If my child brings a phone with them, they will turn it in to First Aid at registration on Monday, where they may access it in case of emergency. Any cell phone discovered at camp is subject to confiscation for the duration of the camp; all cell phones will be returned to campers before their departure on Friday. I understand that if I need to contact my child, I may call the Director (Hannah Ewart, 573.822.7713) or First Aid.

Parent/Guardian Signature

Date

EMERGENCY AND MEDICAL

Camper Name (L,M,F) _____

Emergency Contact Name: _____ Relationship to camper _____

Emergency telephone: ____-____-____ Cell: ____-____-____

Does student take any medications? Yes No

If yes, what medication and for what? _____

Does camper have any medical problems or allergies? Yes No

If yes, please state: _____

IF YOUR CHILD WILL NEED TO TAKE MEDICATION(S) AT CAMP, YOU MUST SEND EACH MEDICATION IN THE ORIGINAL BOTTLE OR CONTAINER WITH CURRENT/ORIGINAL LABELS AND DIRECTIONS, OR WRITTEN DIRECTIONS FROM THE LEGAL PARENT/GUARDIAN. OTHERWISE, SUCH MEDICATION WILL BE GIVEN PER DIRECTIONS ON THE CONTAINER. ALL MEDICATIONS WILL BE SURRENDERED AND MAINTAINED AT THE CAMP FIRST AID STATION. CAMPER'S WILL TAKE ALL MEDICATIONS THERE AT THE APPROPRIATE TIME.

Please list all medications that your child will need to have dispensed at camp:

Medication	Dosage	Time to be Given

RELEASE/PERMISSION FOR MEDICAL TREATMENT:

I have provided complete and accurate information concerning the above named camper. In the event that medical treatment is required, I understand that every effort will be made to contact me or another individual named above. However, in the event that I cannot be reached, I hereby grant my permission to the Staff or Director of the Camp to secure medical services deemed necessary to provide for the above named camper's well-being and in their best judgment. I also understand that the insurance policy provided by Mt. Salem-Wyaconda Southern Baptist Association is a *limited supplemental policy* covering only injury or accidents occurring during the summer camping event at Camp Inlow. Even then, it will only be used to supplement *the individual's/family's primary insurance*.

SIGNED: _____ DATE: _____

Printed Name: _____

Relationship to Camper: _____