



5103 Old Cape Road East, Jackson, Missouri 63755

Retreat Registration Form

Part 1: Camper Information

Name of Church your camper is coming with: _____

Camper's First Name: _____ Camper's Last Name: _____ Age: _____

Street Address: _____ City/State: _____ Zip: _____

Contact Phone: _____ Contact Email: _____

Roommate Request: _____ Camper's Gender: M / F (circle one)

Camper's Current School Grade: _____

Part 2: Medical Information

Camper's Insurance Policy Name & Number: _____

Date of Camper's Last Tetanus Shot: _____

Medical History Staff may need to be aware of:

List of Medications Camper is currently taking:

Please bring required medications to camp in their original bottles labeled from the pharmacy and include a list of these medications with the daily time and quantity of each medication to be taken while at camp.

A Community of churches assisting each other in carrying out God's Great Commission!

John Vernon, Director of Missions
Cell: 573-275-9339
dom@capebaptist.net

Roger Graham, Associate Director of Missions
Office: 573-334-3511
office@capebaptist.net

May the Camper be given Tylenol, Ibuprofen, or Tums for mild pain? Y / N (circle one)

Additional info you feel would be important for the Camp Staff to know, including any activities your student should be restricted from doing:

Part 3: Emergency Contact Information

Name: _____ Relationship to Camper: _____

Email: _____ Preferred contact phone: _____

In the event of a medical emergency, I authorize Cape Girardeau Baptist Association and/or the individuals in charge of this organization to seek emergency medical attention for my child. I authorize the attending physician and/or hospital to administer emergency medical aid to my child as they deem necessary in the event of illness or accident. I also authorize the above named to administer the medication(s) listed above.

Furthermore, I have read the Camp Rules, located on the Cape Girardeau Baptist Association website and/or attached to this application, and have gone over them with the above listed camper. I give my permission for my child to be retained at camp (even recognizing the possibility of homesickness) except in case of life emergency. Permission is hereby given for the above named camper to engage in the program activities as planned by the Camp Team and Staff, except for any activities you have listed above.

NOTE: videos & pictures will be taken during camp for use in future marketing materials for camp.

By signing below you are acknowledging consent to the things stated above.

Parent/Guardian Signature: _____