"2020 SRBA Children's Camp" Camper Form

Camp Date: August 3rd-7th Camp Fee: $80

Office Address: 203 East Maple Curryville, MO 63339
Mailing Address: P.O. Box 368 Bowling Green, MO 63334
Please have your forms and money to SRBA Office by July 6, 2020.

Fill form out completely! (Please Print) (Send this form to SRBA office!)

NAME: (Last) _____ (First) _____(M.I.) ____

Birth Date: _____ **Sex:** (M) ___ (F) ___ **Home Phone:** _____

Parent/Guardian: _____ **Work/Cell Phone:** _____

Complete Address: _____

E-Mail Address: _____

School Grade Completed: _____ (Finished 3rd grade-6th grade) **Age:** _____

Emergency Contact: _____ **Relationship:** _____

Phone Number: _____ **Alternate Phone:** _____

Sponsoring Church: _____
(All campers must be sponsored by a Salt River Baptist Association Church)

Permission to swim in pool: Yes ___ No: ___
Circle One...
T-shirt Size: 10-12 14-16 Adult SM Adult Med Adult Lg XL XXL XXXL

Medical Information: (To be supplied by parent or guardian)

Insurance Company:
_____

List any special medical problems or allergies: _____

_____

List any medications and instructions here or on a separate paper: _____

_____

Con□nue on next page...

Please mark the activities you would like to participate in. Campers will get to be in two of these activities and have an opportunity to explore others in your free time each afternoon. Please review the list and mark them in order of the first five (1-5) which you would like to do. Each activity has a limited number of spots, and will be filled in the order that registration forms are received. So send them in early!

Number	**Skill Ac□vity**
_____	Archery
_____	Basketball
_____	Ball Field Sports - Bring a ball glove if you have one
_____	BB Gun Marksmanship
_____	Cra□s
_____	Cake Decora□ng
_____	Crea□ve Wri□ng
_____	Drama/Music
_____	Fishing
_____	Jewelry Making
_____	Pool Sports

NOTE: ALL medicine must be in original container(s) with complete instructions and MUST be turned in to Camp Nurse during registration. May Tylenol or ibuprofen be given by the camp nurse on an as needed basis? Yes ___ No ___ Which?_____

IN CASE OF A MEDICAL EMERGENCY, CAMPERS OR STAFF WILL BE TAKEN TO A HANNIBAL FACILITY FOR TREATMENT. Physician to be notified is: _____

ñI have read and understand the list of guidelines and rules and will abide by them with the full knowledge that violation will result in immediate disciplinary action, up to, and including being sent home.ò

Camper Signature: _____

ñI (we), the undersigned parent(s) guardian(s) of the above mentioned minor child do hereby give consent for ANY emergency care deemed necessary by Salt River Association Camp Leaders and/or the medical facility (ies) to which he/she is taken. I (we) further agree to release Salt River Baptist Association and itôs representatives from liability for any injury or mishap which may occur at camp, including any accident which may occur during transportation to or from camp.ò

(Note: Photos of camp activities will be taken and may be used for promotion of future camp events.)

Parent/Guardian Signature _____ **Date:** _____

Amount received from Camper: _____ **Date:** _____

2020 Children's Camp Information Sheet

(Keep this copy! See you at Camp!!!)

Camp fee is $80 per camper. Make checks payable to the SRBA. Please send registration form and camp fee to the Salt River Baptist Association P.O. Box 368, Bowling Green, MO 63334. (No refunds)

Things to bring:

Bedding	Sunscreen	Towels/Toiletries
Shirts/shorts/etc.	Bible	Swimsuit (1 piece or w/T shirt)
Pen/pencil/notebook	Bag for dirty clothes	Light Jacket
Flashlight	Good A□ tude	

Things to NOT bring:

NO food or drinks from home

NO fireworks, weapons, etc.

NO tobacco

NO inappropriate/revealing clothing

NO Cell Phones or other electronics

ANY of these items found will be taken from campers and returned at the end of camp.

Miscellaneous Policies:

NO food or drinks are allowed in the pool area.

NO rock throwing or damaging personal or camp property.

A□ endance is required at all scheduled ac□vi□es unless excused by camp nurse.

THERE WILL BE NO LEAVING OF CAMP for any reason other than a medical emergency or death in the family. Those choosing to leave for any other reason than that which has been stated will not be allowed to return to camp and all fees will be forfeited.

PLEASE-No calls to your children while they are at camp unless it is an emergency. Visits by parents are encouraged as long as the parents feel that a visit will not result in their camper ge□ ng homesick and wan□ng to leave camp with them.

Just a friendly reminder!!!

<u>2020 Children's Camp - Dates</u>: August 3rd-7th

<u>Form Due in SRBA OFFICE</u>: July 6, 2020 (We have a drop box) <u>Phone</u>: 573-324-6420

<u>Children's Camp "check in" on Monday, August 3rd at 2:00 p.m</u>.

<u>Children's Camp "check out" □me on Friday, August 7th at 11:00 a.m.</u>

<u>Camp Inlow Address:</u> 2565 County Road 161, Philadelphia, MO

For more informa□on, call our Camp Director, Bro. Jim Miller at 573-406-7211.