

"2020 SRBA YOUTH CAMP" CAMPER FORM

Camp Date: July 6th-10th Camp Fee: \$80

Office Address: 203 East Maple Curryville, MO 63339

Mailing Address: SRBA, P.O. Box 368 Bowling Green, MO 63334

Please have your forms and money to SRBA Office by June 22, 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 7th grade- 12th 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: ____

T-shirt Size: 10-12 ____ 14-16 ____ **Ad SM** ____ **Ad Med** ____ **Ad 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: _____

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: _____

ôI 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.ô

Camper Signature: _____

ôI (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 its 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.ô

(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 SRBA YOUTH CAMP

“Information Sheet” (KEEP THIS COPY)

Camp fee is \$80 per camper. Make checks payable to the SRBA. Send registration form along with camp fee to the Salt River Baptist Association P.O. Box 368, Bowling Green, MO 63334 or you drop them off at our SRBA office 203 East Maple, Curryville, MO 63339. We have a drop box. (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	A Good Attitude	
Bring \$\$\$ for the óSnack Shackô		

Things to NOT bring:

NO food or drinks from home	NO fireworks, knives, weapons, etc.
NO tobacco of any kind	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.
Attendance is required at all scheduled activities 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 youth 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 getting homesick and wanting to leave camp with them.

Just a friendly reminder!!!

Youth Camp Dates: July 6th-10th

Forms and camp fee due in SRBA OFFICE: June 8th

Youth Camp “CHECK IN” on Monday, July 6th at 2:00 p.m.

Youth Camp “CHECK OUT” time on Friday, July 10th at 11:00 a.m.

Camp Inlow Address: 2565 County Road 161, Philadelphia, MO

For more information, call our Camp Director, Jim Miller at 573-406-7211 or 573-324-6420.