

# 2017 GVBA CHILDREN'S CAMP REGISTRATION FORM

Please mail to Gasconade Valley Baptist Association, 4300 Highway B, Bland, MO 65014  
 Phone: 573-646-3454, E-mail: p.w.rector@gmail.com, [www.gasconadevalleybaptist.org](http://www.gasconadevalleybaptist.org)  
**Camp Dates:** Sunday, June 25<sup>th</sup> - Thursday, June 29<sup>th</sup>, 2017 (Registration will not begin before 4:00 p.m.)  
 \*\*This summer camp experience is for boys and girls who have completed 3<sup>rd</sup> through 6<sup>th</sup> grades\*\*

**Registration fee** is \$45 per camper, and can be paid at the time of camp or mailed to the address listed above.

Name of camper: _____			____ Male ____ Female
Date of birth: ___/___/___		Grade <b>COMPLETED</b> :	
Address (please include mailing if different):			
Home phone:		Cell Phone:	
Parent Email:		Church you attend:	
Free T-shirt (Please circle size for camper) Child sizes: S M L Adult sizes: S M L XL		Mark one: First time at camp _____ Returning camper _____	
<p>I _____ am the parent or legal guardian of _____ (hereinafter "my child"), and I am informed of the activities offered by the Gasconade Valley Baptist Association Summer Camp (hereinafter "this camp") located at Gasconade Valley Baptist Camp, Bland, Missouri beginning the day of June 2, 2016, and ending on the day of June 29, 2017.</p> <p>As the parent or legal guardian of my child, I hereby consent of my child to attend and participate in all activities provided by this camp.</p> <p>My child is to be <b>EXCLUDED</b> from the following activities:</p> <p>_____</p> <p>-----</p>			
<b>(Signature of Parent or Guardian)</b>		<b>(Date)</b>	
<p><b>Additional Information:</b>                  If your child will be picked up during the week (for games, appointments, etc) or on the last day of camp by someone other than you please list them here:</p>			
Name of Person			Relationship
Name of Person			Relationship
		Phone#	
		Phone#	
<b>FOR OFFICE USE ONLY</b>			
Date Rec'd: ___/___/___		Amt. Encl. \$ _____	Check # _____

**MEDICAL RELEASE FORM**

I \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_ (hereinafter "my child") who was born on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. My child is attending and participating in activities at the Gasconade Valley Baptist Association Summer Camp located at the Gasconade Valley Baptist Camp, Bland, Missouri, beginning the day of June 25, 2017 and ending the day of June 29, 2017.

I hereby authorize the Camp Director and his/her officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at this camp into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize the Camp Director and his/her officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at the camp to receive physical custody of my child, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Camp Director and his/her officers, agents, servants, or employees that are 18 years of age or older who supervise the activities at this camp.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the supervisor or his/her authorized designee, in the exercise of his/her best judgment, upon advice of such physician, dentist, and surgeon, may deem advisable.

Camp leaders/directors (circle one) **MAY** or **MAY NOT** administer Tylenol to my child if needed.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**MEDICATION ADMINISTRATION POLICY**

- All prescription medication must have the label attached by the pharmacist/physician and will include on the container: campers name, name of medication, dosage, and physician's name. We will not dispense medication that is not in the original container.
- All non-prescription "over the counter" medication should be sent in the original container with the written request from the parent to administer. (Including such medications as Tylenol, Ibuprofen, etc.)
  - Only enough medication to cover the days your child will be at the camp should be sent.

**I have read and understand the Medication Administration Policy \_\_\_\_\_ (Parent/Guardian Initials)**

Allergies/Allergic reaction of my child:

\_\_\_\_\_

Medicine being taken by my child:

\_\_\_\_\_

Other information regarding my child's health that a doctor should know:

\_\_\_\_\_

**Other Permissions**

**Please sign on the line provided for each area you approve of.**

I give GVBA permission to photograph my child. By giving them permission to do so I acknowledge that pictures may be used on the camp website and on Facebook.

\_\_\_\_\_  
Signature (or initials) of Parent/Guardian

\_\_\_\_\_  
Date

I give leaders/directors permission to apply sunscreen to my child if needed while at camp.

\_\_\_\_\_  
Signature (or initials) of Parent/Guardian

\_\_\_\_\_  
Date

I give leaders/directors permission to apply bug repellent on my child if needed while at camp.

\_\_\_\_\_  
Signature (or initials) of Parent/Guardian

\_\_\_\_\_  
Date

**Parent/Guardian Contact Information**

Name:

Address:

City/State/Zip:

Work phone:

Home phone:

Cell phone:

Medical/Health Insurance Company

Insurance Policy No.

**Emergency Contact**

Name:

Relationship to camper:

Work phone:

Home phone:

Cell phone: