

CHILDREN'S CAMP REGISTRATION FORM

Please mail to Gasconade Valley Baptist Association, 4300 Highway B, Bland, MO 65014
Phone: 573-646-3454, E-mail: bsiegmusic12@gmail.com www.gasconadevalleybaptist.org
Camp Dates: June 20-24, 2021 ***(Registration will not begin before 4:00 p.m.)***
This camp is for boys and girls who have completed 3rd through 6th grade

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 COMPLETED :	
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 _____	
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 20, 2021, and ending on the day of June 24, 2021. 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. My child is to be EXCLUDED from the following activities: _____ _____		
(Signature of Parent of Guardian) _____		(Date) _____
Additional Information: 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: _____		
Name of Person	Relationship	Phone#
_____	_____	_____
Name of Person	Relationship	Phone#
_____	_____	_____
FOR OFFICE USE ONLY		
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 20, 2021 and ending the day of June 24, 2021.

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: camper's 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: