

**Children's Camp
Gasconade Valley Baptist Association
Registration Form
June 28 - July 2, 2009**

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____

Circle grade completed (must have completed 3rd grade)
3 4 5 6

FOR PARENTS: I understand that registration begins at 3:00 p.m. on Sunday. Campers are registered with the understanding that they be at camp through Thursday. Please arrange to have your camper picked up by 12:30 p.m. on Thursday.

PERMISSION is hereby given for _____
to swim under camp supervision and to engage in other program activities. The health certificate lists the activities, if any, from which he should be restricted.

Signed _____
Parent/Legal Guardian

Is camper a Christian? (Circle one) Yes No

THE CAMP FEE: \$40 for one camper; \$60 for two campers from the same household; or \$90 for three or more campers from the same household. This price covers the cost of registration, meals, lodging and a T-shirt. Late registrations must pay \$6 for their T-shirt.

TO REGISTER: individuals or churches may send the completed registration and health form and camp fee to **Gasconade Valley Baptist Association, 4300 Highway B, Bland, MO 65014**. Make your check payable to Gasconade Valley Baptist Association. Camper registration may also be at www.gasconadevalleybaptist.org. If you register on-line, bring registration, health form and camp fee on June 28.

PLEASE NOTE REGISTRATION DEADLINE: Wednesday, June 24, is the deadline for registration.

Is camper a church member? (Circle one) Yes No

Church _____
Pastor _____
Address _____
City _____
Phone (____) _____

Please complete other side before mailing

Children's Camp
2009 MEDICAL RELEASE FORM
Gasconade Valley Baptist Associational Camp

June 28 - July 2, 2009

Name: _____
Birth Date: _____ Age: _____ Sex (MF) _____
Address: _____
City: _____ State: _____ Zip: _____

Parent/Guardian: _____
Home Phone: (____) _____ Work Phone: (____) _____
Other person to notify in event of emergency: _____
Their relationship to you _____
This person's phone number: Daytime (____) _____ Evening (____) _____
My Church _____ City _____ State _____

Please supply ALL of the following information.

Medical Insurance Company _____ Group # _____ Policy # _____
Company's Address _____ Company's Phone: (____) _____
City _____ State: _____ Zip: _____

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic to certain medications, rare blood type, wears contact lens, etc.) _____

List all medication you take on a regular basis and/or any you bring with you to Gasconade Valley Baptist Association Camp (Prescription medications MUST have pharmacy label and name of doctor): _____

Date of last Tetanus Shot: _____

Camper has permission to engage in all camp activities except (list prohibited activities): _____

In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the Gasconade Valley Baptist Association Staff to hospitalize, secure treatment for, and to order injection, anesthesia or surgery for my child named above.

Signed: _____

Date: _____ **Relationship:** _____

Gasconade Valley Baptist Association provides a limited medical accident insurance for registered guests participating in Gasconade Valley Baptist Association-sponsored activities. The Camp Staff must be notified of all medical incidents that occur on the premises. Gasconade Valley Baptist Association does not provide health insurance. Health insurance is the responsibility of the parent or guardian. In the event of accidents original medical bills must be submitted to the camp so we in turn can submit them along with the claim to our insurer.