

**Youth Camp**  
**Gasconade Valley Baptist Association**  
**Registration Form**

**July 18-23**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Circle grade completed

6 7 8 9 10 11 12

**FOR PARENTS:** I understand that registration begins at 4:00 p.m. and ends at 5:00 p.m. on Sunday, July 18, 2010. Campers are registered with the understanding that they be at camp through Friday evening. Please arrange to have your camper picked up by 1:00 p.m. on Friday.

**PERMISSION** is hereby given for \_\_\_\_\_ to swim, canoe, camp off grounds and to engage in other program activities. The health certificate lists all activities, from which my teen should be restricted.

Signed \_\_\_\_\_  
Parent/Legal Guardian

Is camper a Christian? (Circle One) Yes No

Please select shirt size: S M L XL XXL

Church \_\_\_\_\_

Pastor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**CAMP FEES:** \$70.00 for one camper; \$120.00 for two campers from the same household; or \$170.00 for three or more campers from the same household. \$14.00 a day will cover students attending a single day event. This price covers the cost of registration, meals, lodging, special events, snacks and a T-shirt. Late registrations after July 14<sup>th</sup> will not be offered a T-shirt.

**TO REGISTER:** individuals or churches may send the completed registration, health forms and camp fees 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 completed on-line at [www.gasconadevalleybaptist.org](http://www.gasconadevalleybaptist.org) . If you register on-line, bring registration, health form and camp fee on July 18<sup>th</sup> during regular registration.

**PLEASE NOTE REGISTRATION DEADLINES:**  
Wednesday, July 14, is the deadline for registration.

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

**Please complete other side before mailing**

**Youth Camp**  
**Gasconade Valley Baptist Association**  
**Medical Release Form**  
**July 18-23**

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

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.