

## GASCONADE VALLEY BAPTIST ASSOCIATION 2011 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](mailto:p.w.rector@gmail.com), [www.gasconadevalleybaptist.org](http://www.gasconadevalleybaptist.org)

*Camp Dates: June 26-30, 2011 (Registration begins 2:00 p.m.)*

*This camp is for boys and girls who have completed 3rd through 6th grade*

CAMPER INFORMATION

Name of Camper (please print)			
Street Address			Camper E-mail
City	State	Zip Code	Home Phone
Church You Attend		Grade as of Fall 2011	Cell Phone
Free T-shirt (Please check desired size) Child sizes <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult sizes <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			Date of Birth: ___/___/___ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Returning Camper <input type="checkbox"/> First time at camp!

GUARDIAN INFORMATION

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 26, 2011, and ending on the day of June 30, 2011.

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.

\_\_\_\_\_  
(Signature of Parent of Guardian) \_\_\_\_\_  
(Date)

Additional Information:  
My child is to be EXCLUDED from the following activities: \_\_\_\_\_

A complete list of all persons that have permission to pick my child up from camp: \_\_\_\_\_  
Name of Person  
\_\_\_\_\_  
Name of Person

PAYMENT INFORMATION

- **Early Bird Registration Fee (by June 22th) \$40.00**  
*Early Bird registration must be completed on-line at [www.gasconadevalleybaptist.org](http://www.gasconadevalleybaptist.org) on or before June 22. Campers bring registration/medical form along with the camp fee the first day of camp.*
- **Full Registration Fee (after June 22th) \$45.00**  
*A full registration fee will be applied to all forms completed on-line at [www.gasconadevalleybaptist.org](http://www.gasconadevalleybaptist.org) after June 22th. A registration the day of camp takes the risk of not receiving a free camp T-shirt.*
- **Multi-Household Early Bird Registration Fee Discount**  
*\$40.00 for one camper; \$60.00 for two campers from the same household; or \$90.00 for 3 or more campers from the same household.*
- **"Bring a Friend" \$10.00 Discount.**  
*Any returning camper that brings a first time camper with them and is completely registered by June 22th will receive a \$10.00 discount for both campers. Registrations for both campers must be received at the same time.*

Make Checks payable to: Gasconade Valley Baptist Association

PLEASE COMPLETE MEDICAL RELEASE FORM ON THE BACK OF THIS FORM >>>

<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 26, 2011 and ending the day of June 30, 2011.

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**  **MAY**  **MAY NOT administer Tylenol to my Child if needed.**

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

\_\_\_\_\_  
(Date)

Additional Information:

Parent/Guardian

Address

City

State

Zip Code

Home Phone

Work Phone

Cell Phone

Medical/Health Insurance Company

Insurance Policy No.

In case of emergency, notify

Relationship to Minor

Emergency Phone No.

Emergency Phone No.

Allergies/Allergic reaction of my child

Medicine being taken by my child

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

MEDICAL/INSURANCE INFORMATION

## 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)

POLICY INFORMATION