

**GASCONADE VALLEY BAPTIST ASSOCIATION 2011 YOUTH 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

*Camp Dates: July 17-21, 2011 (Check In begins at 3:00 p.m.)*

*This camp is for boys and girls 7th through 12th 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 July 17, 2011, and ending on the day of July 21, 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 or 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

- **Extra Early Bird Registration fee (by June 16<sup>th</sup>) \$60.00**  
*Extra Early Bird registrations must include completed registration/medical forms along with the \$5.00 non refundable deposit. All of which must be postmarked on or before June 16th. The balance of your fee is due upon arrival at camp.*
- **Early Bird Registration Fee (June 17-July 2<sup>nd</sup>) \$65.00**  
*An Early Bird registration fee will be applied to all forms received with a postmark between June 17 & July 2. These registrations must include the \$5.00 non-refundable deposit.*
- **Full Registration Fee (July 3-July 16<sup>th</sup>) \$70.00**  
*A full registration fee will be applied to all forms received with a postmark between June 17 & July 2. These registrations must include the \$5.00 non-refundable deposit. Any registration during these dates takes the risk of not receiving a free camp T-shirt.*
- **Late Registration (July 17<sup>th</sup>) \$75.00**  
*A full registration fee will be applied to all forms received with a postmark between June 17 & July 2. These registrations must include the \$5.00 non-refundable deposit. Any registration the day of camp takes the risk of not receiving a free camp T-shirt.*

Make Checks payable to: Gasconade Valley Baptist Association Amount Enclosed: \_\_\_\_\_

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

<b>FOR OFFICE USE ONLY</b>			
Date Rec'd: ____/____/____	Amt. Encl. \$ _____	Check # _____	Balance Due: _____

# 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ and ending the day of \_\_\_\_/\_\_\_\_/\_\_\_\_.

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 and/or Motrin 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