

REGISTRATION FORM (Please return to the Church you are coming with)

CAMPERS NAME [M] [F] [Adult]

CHURCH COMING TO CAMP WITH

Mailing Address

CIRCLE GRADE
4, 5, 6, 7
8,9,10,11,12

Date of Birth

T-Shirt Size YOUTH XS SM MD LG ADULT SM MD LG XL 2X
PLEASE CIRCLE**EMERGENCY CONTACT INFORMATION**

FATHER (FIRST AND LAST)

CELL PHONE

MOTHER (FIRST AND LAST)

CELL PHONE

PLEASE LIST ANYONE ELSE WHO IS ALLOWED TO TAKE YOUR CHILD FROM CAMP.

1)

2)

You are always welcome to come eat, and visit with your child at camp. However, if you choose to do so we ask that you check in with our camp director first. Call him anytime at 417-483-8843.**MEDICAL INFORMATION (Please attach an insurance Card)**

Do you have any food allergies (Please List)?

Are you allergic to bee stings?

Epi Pen Required?

If Yes then bring one to camp

Medication required at camp:

Are there any non-prescription drugs that cannot be administered to your child? [yes] [no]

If yes which ones?

1. The acting Camp Director reserves the right to dismiss a camper who, in his/her opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of camp. If this occurs, the fee is non-refundable. The parent/guardian certifies that the applicant camper is normal in condition and habits and is amenable to necessary discipline. Possession of and or use of tobacco products, non-prescriptive drugs and alcohol are strictly prohibited.

2. The parents or guardians submitting this application are those having legal custody over this child.

3. I understand the potential for injury and accidents while at Baptist Hill. I understand that the campers take part in active sports, games, swimming, and hiking. I hereby release SCBA, Baptist Hill, their directors and staff from any liability for injury of accidents incurred while my child attends Baptist Hill Camp.

4. The signature of the parent/guardian on this application shall give the acting Camp Director or nurse the right to arrange for any special services or other requirements necessary for the camper's welfare and good health. In such situations, the camp will attempt to notify parents, or guardians as soon as possible. The parent or guardian is responsible for any expenses that may result from such services.

5. The signature of parent/guardian on this application shall give the acting Camp Nurse the right to administer the use of any non-prescription drugs to the camper.

6. I give permission for SCBA to use any photograph or video my child is in for promotional materials.

7. The parent/guardian agrees to reimburse SCBA for any property damage caused by the applicant camper. I

hereby certify that I have read and accepted all the above conditions, camp rules and dress code.

Application cannot be accepted without signature of parent or legal guardian

SIGNATURE: _____

DATE: _____

NOTARY SEAL AND SIGNATURE REQUIRED