

CLAY-PLATTE BAPTIST ASSOCIATION CAMP REGISTRATION FORM 2008

OFFICE USE ONLY: DATE RECEIVED: _____
Amount Paid: _____ Chk#: _____
Church Paid: _____ Amount Due: _____

NAME (please print) _____ BIRTHDATE: ____/____/____
 ADDRESS _____ CITY _____ STATE _____
 ZIP CODE _____ HOME PHONE _____ CELL PHONE _____
 CHECK APPROPRIATE BOX MALE FEMALE GRADE ENTERING THIS FALL (08/09) _____ CHURCH YOU ATTEND _____

Check appropriate box for camp you are attending. In order to receive early enrollment discount your payment must be postmarked **before** the dates listed below. Those students completing 6th grade have the option of attending Junior High Camp, Children's Camp, or both. Those students completing 8th grade have the option of attending Junior High Camp, Senior High Camp, or both. Completed forms and deposits must be received for **EACH** camp.

- JUNIOR HIGH CAMP - June 9-13, 2008** - \$150.00 **before June 1**, or \$165.00 after June 1
 (For youth completing 6th through 8th grade) \$25.00 deposit included.
 T-Shirt size (Adult sizes) - Small ___ Med ___ Large ___ X-Large ___ XX-Large ___ XXX-Large ___
- SENIOR HIGH CAMP - June 16-20, 2008** - \$150.00 **before June 1**, or \$165.00 after June 1
 (For youth completing 8th grade through 12th grade) \$25.00 deposit included
 T-Shirt size (Adult sizes) - Small ___ Med ___ Large ___ X-Large ___ XX-Large ___ XXX-Large ___
- CHILDREN'S CAMP (BOYS & GIRLS) - July 14-18, 2008** - \$125.00 **before July 1**, \$140.00 after July 1
 (For boys or girls completing 3rd through 6th grade) \$25.00 deposit included
 T-Shirt Size: Y Small ___ Y Med ___ Y Large ___ A Small ___ A Med ___ A Large ___ A X-Large ___

The \$25.00 deposit is non-refundable, balance is due upon arrival at camp.

PARENT/GUARDIAN CONSENT FORM

I _____ am the parent or legal guardian of _____
 (hereinafter "my child"), and I am informed of the activities offered by the Clay Platte Baptist Association Summer Camp
 (hereinafter "this camp") located at The New Hope Retreat Center, Holt, Missouri beginning the day of ____/____/____, and
 ending on the day of ____/____/____.

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

SEND FORMS and make checks payable to:
CLAY-PLATTE BAPTIST ASSOCIATION, 888 HAINES DR STE 116 , LIBERTY, MO 64068
 If you have any question please contact the Association office 816-792-2227

Continued on side 2 - MEDICAL RELEASE FORM - Please sign

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 Clay-Platte Baptist Association Summer Camp located at the New Hope Retreat Center, Holt, 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.

(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

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.