

CLAY-PLATTE BAPTIST ASSOCIATION 2010 CHILDREN'S CAMP REGISTRATION FORM

Please mail to Clay-Platte Baptist Association, 888 Haines Dr., Ste 116, Liberty, MO 64068

Ph: 816-792-2227

Fax: 816-792-2293

E-mail: cpba@clayplatteba.org

Camp Dates: July 19-23 (Registration begins 2:00pm) Location: New Hope Retreat Center, Holt, MO 64048

This camp is for boys and girls entering 4th through 7th grade

CAMPER INFORMATION

Name of Camper (please print)		
Street Address		Camper E-mail
City	State	Zip Code
Church You Attend		Home Phone
Grade as of Fall 2010		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 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

PAYMENT INFORMATION

- **Early Bird Registration fee (by June 28th) \$164.00**
Early Bird registrations must include completed registration/medical forms along with the 25.00 non refundable deposit. All of which must be postmarked on or before June 28th. The balance of your fee is due upon arrival at camp.
- **Full Registration Fee (after June 28th) \$179.00**
A full registration fee will be applied to all forms received with a postmark after June 28th. These registrations must include the 25.00 non-refundable deposit. Any registration the day of camp takes the risk of not receiving a free camp T-shirt.
- **A \$25.00 Non-refundable deposit is included in both these amounts**
- **"Bring a Friend" \$10.00 discount.**
Any returning camper that brings a first time camper with them and is completely registered before the first day of camp by June 28th will receive a \$10.00 discount for both campers. Registrations for both campers must be received at the same time.

Make Checks payable to: Clay-Platte Baptist Association Amount Enclosed: _____

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

FOR OFFICE USE ONLY			
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 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.

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