



CHILDREN’S, OVERNIGHT AND DAY CAMP FORM

PHELPS COUNTY BAPTIST ASSOCIATION

409 Sheron Ave. Rolla, MO 65401 573-364-8313

CAMP ATTENDING (please check one)

GRADE JUST COMPLETED (please check one)

_____ **Children’s Camp** - July 26-29, 2023
\$45 (4th -6th grade)
Arrival 10:00am Wed. Depart 1:00pm Sat.

___ Male ___ Female
___ 4th ___ 5th ___ 6th

_____ **Overnight Camp** – July 21-22, 2023
\$15 (2nd-3rd grade)
Arrival 9:30am Fri. Depart 1:00pm Sat

___ Male ___ Female
___ 2nd ___ 3rd

_____ **DayCamp** – July 18, 2023
\$10 (K-1st grade)
Arrival 9:30am Depart 3:00pm

___ Male ___ Female
___ K ___ 1st

CAMPER’S NAME _____ Date of Birth ___/___/___

Address _____ City _____ phone # _____ cell# _____

Church you attend? _____ Member of what church? _____

Is camper a Christian? _____ Has the camper been baptized? _____

****Note** – If your church is paying camp fee, registration must be signed with a church approved signature here: _____

HEALTH INFORMATION

**All medicines and drugs (prescription and over the counter) brought to camp must be checked in with the Camp Nurse upon arrival! All medications must be in the original container.

I give permission for my child to receive Tylenol for pain as directed by Camp Nurse. ___ Yes ___ No

ALLERGIES ___ Yes ___ No Bee sting ___ Poison ivy ___ Penicillin ___ Foods _____

Medicines _____ Others _____ EpiPen Included ___ Yes ___ No

Can camper participate in active sports? ___ Yes ___ No If not, why? _____

Has the camper had a tetanus shot this year? _____ Date _____

Does camper have permission to swim? (see note below)** ___ Yes ___ No Play in water games? ___ Yes ___ No

IN CASE OF EMERGENCY CONTACT: _____ Relationship _____

Phone # (home) _____ (work) _____ (cell) _____

2nd Emergency Contact _____ (cell) _____

PARENT/GUARDIAN CONSENT TO TREAT A MINOR

Name of Insurance Company _____

Family doctor _____ Address _____ Phone # _____

Is camper currently under a doctor's care? _____

If so, for what reason? _____

In case of medical emergency, I hereby give permission to the physician selected by the Camp Director/Camp Nurse to secure proper treatment for my child as named above. I hereby give permission for my child to attend PCBA camp and consent to any x-ray, anesthetic, medical, surgical or dental diagnosis or treatment that may be deemed necessary for my child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the camp Director/Nurse to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists and other providers attending to my child will take all reasonable safety precautions during their care. Further, as parent or legal guardian, I am responsible for the healthcare decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical or hospital care or treatment that is given to my child.

*Permission is granted for my child to participate in photos/videos while at camp ____ Yes ____ No

****Note! -If there are activities requiring transporting campers, I give permission for my child to travel with provided vehicles. Vehicles provided and driven by churches and individuals enlisted by Phelps County Baptist Association. (such as Splash Zone, etc.)****

PARENT'S OR GUARDIAN'S SIGNATURE _____ Date _____

PLEASE PRINT NAME HERE _____

Registration Deadline: 2 weeks before the first day of camp. Turn your form into your church to be sent to the Association.

Fees due at registration.

HEALTH GUIDELINES

- 1) If you are not feeling well at registration or anytime during camp, please let a camp director know of your symptoms immediately to take proper precautions. Parents/Guardians will be contacted should the camper be required to be sent home
- 2) Camp sanitizing management is a shared responsibility between staff, camp facility management and campers as well. Staff will make every effort to sanitize points of contact as much as is possible and is not solely responsible for keeping everyone safe. Everyone has a critical role to play which will require a great deal of participation at all levels. Camp staff will make every effort to abide by Phelps County health guidelines. Hand sanitizer will be available at all times.

Office use only: paid _____ cash or check # _____ church pd. approval _____
