### C:\Users\Daryl\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\Harmony youth camp shirts 2017.jpgdT7eqpbrc

REGISTRATION FORM

 Harmony Baptist Association “Kids’ Kamp”

 June 12–16, 2017

**Registration Deadline:**

Final deadline **May 15, 2017**

**Camp Fee: $110**

Mail Forms (page 1& 2) with and Payment to HBA (address on page 4)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAMPER

Birth Date: \_\_\_ /\_\_\_ /\_\_\_ Age: \_\_\_\_\_\_ Male Female School grade completed\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone ( \_\_\_\_\_\_\_\_ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone ( \_\_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone ( \_\_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contacts: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( \_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mark all that apply: Heart troubleSeizures AsthmaDiabetes Serious Allergy

MEDICAL

 INFO

DizzinessSinusitis BronchitisKidney Trouble Stomach Upset Hay Fever

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What other information should we know regarding your child’s welfare (disabilities, restrictions, diets, destructive behavior, etc)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are all immunizations current with State Law? YesNo Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Allergies**: FoodInsect Bite/Sting Poison Sumac/Oak or IvyPenicillin/Other Medicines

May the Camper be given over-the-counter, non-prescription medication or applications, not to exceed

|  |  |
| --- | --- |
| InsuranceCarrier | GroupNumber |
| Policy Number | Insured’sSSN |
| Insured’s Name(First/Last) | Insurance Co.Phone Number |
| Doctor:  | Phone: ( ) |

recommended dosage for stomach discomfort, burns, cuts, insects bites, rash, aches, cough etc. ? Yes No

**Emergency treatment permission/cooperative agreement**

ALL Medications, prescriptions and over-the-counter drugs must be brought in the original

bottle (in a labeled plastic bag) to the camp nurse at check-in.

As parent or guardian, I give permission for my child to attend camp. I hereby authorize and request any doctor, medical clinic, or hospital emergency room physician to administer emergency treatment, and to do any procedure in their judgment that may be necessary. I understand that the information on this form may be released to the appropriate medical personnel in case of emergency. I agree to pay any cost for medical care in the event of an emergency, even if I do not have health insurance coverage. I also hereby give permission to the Kabin Leader (and/or other member of the camp staff) to inspect the contents of any or all of my child’s personal belongings, and to withhold and/or dispose of any improper or illegal contents.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Page 2 or 4

**Permission Slip to participate in activities, for travel, and medical release**

I am the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_. I hereby approve and consent to them participating in any, and or all activities associated with Kids Kamp. This is to include the transportation to and from such activities. My permission is also granted for Kids Kamp to obtain necessary medical attention for my child in case of sickness, accident, or injury. I affirm that I have the legal right to issue such consent. In case of emergency, I understand every effort will be made to contact me.

**Date\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Release of Camper**

Harmony Baptist Association is responsible for every camper who attends “Kids’ Kamp.” Therefore, we must know how a camper is to be transported to and from camp. We must also know when a camper plans to leave camp early.

Should an emergency occur after camp starts, it is imperative that you personally speak with Jan McDowell

(cell 1-816-853-6069) or Ray Layne (660-596-2392) before you take your camper. Thanks for your cooperation.

 Camper **will not** ride the bus to Heit’s Point on June 12, 2017.

 Camper **will not** ride the bus back to Sedalia on June 16, 2017.

**I authorize the following person(s) to pick up my child on Friday, June 16.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Release Form**

I give permission to Harmony Baptist Association, its representatives and employees the right to take photographs of (camper’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I also authorize Harmony Baptist Association, its assignees and transferees to copyright, use and publish the same in print and/or electronically, for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I do not give permission for (camper’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be photographed.

Parent/Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-shirt Order**

(circle one)

Youth: S (6-8) M (10-12) L (14-16)

Adult: S M L XL 2XL 3XL

**I read and understand the Code of Conduct**

***and will be a good citizen at Kids Kamp.***

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kamper Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Yes, first time kamper. Guest of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page 3 of 4

 **CAMP INFORMATION SHEET** 

**Date and Location:** June 12 - 16, 2017, Heit’s Point Camp, Lincoln, MO

**“Kids’ Kamp” is for:** Boys and girls who have completed Grades 3 through 6

(2016-2017 school year).

**Theme: “…You were sealed with the Holy Spirit of Promise”**

**Camper Registration and Camp Fee:**

Camp Fee is $110.00 and includes registration, lodging, transportation, meals, and t-shirt.

**Final Registration date is May 15, 2017 at 2:00 PM.**

No refunds will be made after Monday, June 3.

***Mail Payment and Camper Registration Form to:***

 ***Harmony Baptist Association, P O Box 1810, Sedalia Mo 65302***

 **Check-In: Meet at East Sedalia Baptist Church at 12:15 pm.**

Buses/Vans will leave East Sedalia Baptist Church, 1019 East 5th, on **Monday, June 12 at 1:00 pm.**

 Buses/Vans will return to East Sedalia Baptist Church on **Friday, June 16** **around 12:00 Noon.**

**What to Bring:**  **Please label everything.** Towels, soap, toothbrush, toothpaste, pillow, sheet (fitted twin) and blanket or sleeping bag, notebook, pen, shoes for showers, and Bible. Clothes for worship and play, swimsuit **(two piece is not permitted),** large mug or squeeze bottle, rain gear, sunscreen and money for mission offering. Shorts must be mid-thigh. Flip-flops for shower shoes only!

 (The received offering will be used for missions.)

 A gift shop is available.

*Please note****: Due to the anticipated attendance, each camper and worker is limited to 2 (two) bags of luggage (medium size 26” X 20”)plus bedding. This will be strictly enforced****.*

**Medicines: All medications must be in a zip lock bag with the name of the camper in big print.**

 **Medicines must be in the original container** with the pharmacy name and name of doctor on the label.

 **Medicines must be picked up when the camper returns on Friday, June 16.**

Page 4 of 4

**Rules for Kids Kamp**

1. Each camper must be sponsored by one of the churches in the association.
2. Each camper must be within the age range specified for each camp.
3. Each camper must pay the camp fee.
4. Each camper is expected to stay during the entire camping period, except for illness, injury or other emergency.
5. No camper shall leave the camp except in the care of parents or other authorized person.
6. Each camper is expected to participate in all guided activities of the camp, except those disallowed by the parents or guardian.
7. Each camper must present a registration form properly completed and endorsed by parent or guardian.
8. Each camper will be assigned to a group of his/her age level. No reassignments are to be made except by permission of the Camp Director.
9. All campers must be released by the Camp Director.
10. Campers are allowed to receive mail. Please address envelopes as follows: *Camper’s Name*, Harmony Baptist Association, Heit’s Point Camp, 28345 Heit’s Point Avenue, Lincoln, MO 65338. Please do this three days before camper goes to camp on Monday.
11. Send e-mail letters to campers at this web site – www.heitspoint.com before noon on Thursday, June16, 2016.
12. No phone calls, please. **The emergency phone number is 1-660-668-2363**

**2017 CODE OF CONDUCT**

1. All campers are to conduct themselves in a respectable and responsible manner times.
2. Keep rooms, cabins and grounds clean.
3. Bikini swim suits, short shorts, short running shorts, bare midriff shirts and clothing with suggestive or obscene writing are unacceptable and will not be allowed. Shirts that advertise ideas or products contrary to Christian values (beer or alcoholic beverage, Satanic symbols, etc.) will not be allowed.
4. Campers should stay out of Dining Hall, unless otherwise instructed.
5. Leave ghetto blaster, walkmans, radios, tape players, cell phones, electronic games, etc. at home. Come enjoy and see God’s creation!

6. Fireworks, matches, use of tobacco products, drugs (except as prescribed for medication) or

 alcohol are not permitted.

7. The camper, not cooperating with the camp program and causing undue disturbances, will

 be sent or taken to his/her home, or his/her parents notified to come and pick up camper.

**Registration deadline**

**May 15, 2017**

**Harmony Baptist Association**

PO Box 1810

Sedalia, MO 65302

(660) 826-2070

Office **hours**: Tuesday-Thursday

 9:00 am to 4:30 pm

Website: hbamo.org

Email: hbaoffice@iland.net