



# CAMPER REGISTRATION FORM

**Registration Deadline:**  
 Final deadline May 13, 2014

**Camp Fee:**  
 \$110 Forms and Payment may  
 be turned in to your camp  
 promoter or mailed to HBA at  
 the address on page 2.

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

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

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

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

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

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

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

Emergency contacts:

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

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

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

☐ Other \_\_\_\_\_

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

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

May the Camper may be given over-the-counter, non-prescription medication or applications, not to exceed recommended dosage for stomach discomfort, burns, cuts, insects bites, rash, aches, cough etc?

☐Yes ☐No

Insurance Carrier	Group Number
Policy Number	Insured's SSN
Insured's Name (First/Last)	Insurance Co. Phone Number
Doctor:	Phone: (     )

**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.**

## Emergency treatment permission/cooperative agreement

As parent or guardian, I give permission for my child to attend camp, and I hereby authorize and request any doctor, medical clinic, or hospital emergency room physician to administer such 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 or not all costs are covered by insurance. 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 \_\_\_\_\_

### Authorized Release of Camper

Harmony Baptist Association is responsible for every camper who attends Kidsø Kampö. 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 before you take your camper. Thanks for your cooperation.

- ☐ Camper **will not** ride the bus to Heitø Point on June 16, 2014.
- ☐ Camper **will not** ride the bus back to Sedalia on June 20, 2014.

I authorize the following person(s) to pick up my child.

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 \_\_\_\_\_

### Harmony Baptist Association

PO Box 1810  
Sedalia, MO 65302

(660) 826-2070

### T-shirt Order

(circle one)

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

Adult: S M L XL 2XL 3XL

hbaoffice@iland.net