



Harmony Baptist Association "Kids' Kamp"
June 17 – 21, 2013

**CAMPER
REGISTRATION FORM**

Registration Deadline:
Friday, May 13, 2013 to get \$15 scholarship
Final deadline May 23, 2013
Camp Fee:
\$110 Forms and Payment may be turned in to your camp promoter or mailed to HBA at the address on page 2.

CAMPER

Name: _____
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: (_____) _____

MEDICAL INFO

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 "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 before you take your camper. Thanks for your cooperation.

- p Camper **will not** ride the bus to Heit's Point on June 17, 2013.
- p Camper **will not** ride the bus back to Sedalia on June 21, 2013.

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

Name _____ Relationship _____
 Name _____ Relationship _____

Photo Release Form

p 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.

p 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

hbaoffice@sbcglobal.net

