



Harmony Baptist Association Children's Camp
June 17 – 21, 2013

CAMPER REGISTRATION FORM

Registration Deadline:

Friday, May 17, 2013

Camp Fee:

\$110

Forms and Payment may be turned in to your church office or mailed to HBA at the address below.

C
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M
P
E
R

Name: _____ School grade completed: _____

Birth Date: ____/____/____ Age: _____ Male ☐ Female ☐ School: _____

Address: _____

City: _____

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Parent/Guardian: _____ Cell Phone (_____) _____

Home Phone (_____) _____ Work Phone (_____) _____

Emergency contact: Name: _____

Relationship: _____ Phone: (_____) _____

Church attending with: _____

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

☐ Other: _____

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

My 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: _____ Ins. Phone: (_____) _____

Policy Number: _____ Group Number: _____

Doctor: _____ Phone: (_____) _____

ALL Medications, prescriptions and over-the-counter drugs must be brought in the original bottle to the camp nurse at check-in.

EMERGENCY TREATMENT PERMISSION/COOPERATIVE AGREEMENT

As parent or guardian, I have given 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 Dorm 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. Permission is given to Harmony Baptist Association to use photographs (individual or group) and/or multimedia images and recordings in the best interest of Harmony Baptist Association.

☐ My student **may not** be photographed (check only if you do not want them photographed)

Camper has permission to engage in all camp activities except: _____

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