

**2024 Staff Camper Registration Form**  
Twin Rivers Baptist Association  
Read, complete fully (Print or Type) **Sign, Date** and return to  
Camp Director or Twin Rivers Baptist Association ; 100 Twin Rivers Lane; Wright City, MO 63390

**Camp Loutre Valley**  
**Check Week Attending**

Girls Camp: June 10-14     Boys Camp June 17-21     Youth Camp: June 23-27

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Are you a Christian? \_\_\_\_\_ Active member of what church? \_\_\_\_\_

T-Shirt Size (Adult sizes)  S    M    L    XL    XXL

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Spouse / Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact Other Than Spouse / Parent \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH AND EMERGENCY INFORMATION**

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH HISTORY**

Asthma

Seizures

Heart Problems

Diabetes

Frequent Headaches

I give permission for the nurse to administer the following over-the counter medicines orally as needed (check all that apply)

Tylenol (Pain)

Advil (Injury)

Ibuprofen

Benadryl (Allergy/Sinus)

Antacid (Upset Stomach)

Allergies (reactions to foods, drugs, insects, plants) \_\_\_\_\_

DATE of last Tetanus Shot \_\_\_\_\_

Medical Conditions (Explain) \_\_\_\_\_

Medicine Currently Taking \_\_\_\_\_

Should Your Physical Activities Be Restricted In Any Way? \_\_\_\_\_

**NOTIFY THE NURSE** If you have been treated for or comes in contact with any known infections/communicable diseases within the four (4) weeks prior to camp.

**PRESCRIPTION MEDICINE:** If you require medication during camp, make sure your name and the instructions are clearly marked on the prescription bottle (FROM THE PHARMACY). Take it to the nurse and fill out the Individual Record of Medication when checking in.

**AUTHORIZATION For Staffers Under Age 18 :** If a medical, accident or illness should arise and I cannot be contacted. I hereby give my permission to the Camp Director to select a physician and/or hospital for my child's care. **I understand my child will be transported by ambulance.** I hereby also give the physician and/or hospital my permission to hospitalize, treat and order injections or surgery for my child named herein, as needed.

If there is any change in the above information before camp begins. NOTIFY the Camp Director. I have read the camp rules in the Associational Camp Information and Guideline Booklet and I agree to abide by these guidelines as printed. I will engage in all supervised activities including swimming and field trips.

TO MY KNOWLEDGE THIS INFORMATION IS CURRENT AND UP TO DATE

Staff Members Signature \_\_\_\_\_ Date \_\_\_\_\_

Signed by Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **STAFF PLEDGE**

I understand that the way I dress can have an effect on my witness. I will adhere to the follows:

1. I will wear long pants, jeans, or MODEST length shorts (NO short shorts)
2. I will only wear shirts WITH sleeves.
3. I will make sure that my swimsuit is covered and wear a shirt to the pool.
4. I will wear appropriate shoes-- sandals to the pool, tennis shoes the rest of the time.

I understand that when I am at camp, I have the opportunity to grow in wisdom and grace and the knowledge of Christ. In order to make the best use of the opportunity, I will leave at home anything that could distract me (I pods, MP3, CD players, electronic games, cell phones, etc.)

I understand that my actions and words should be pleasing in the eyes of the Lord. I will do my best to show respect for all I meet this week.

I HAVE READ the camp information and guidelines booklet and I pledge to be a blessing as well as receive a blessing.

Signature of Staff \_\_\_\_\_ Date \_\_\_\_\_