

2018 Staff Camper Registration Form

Twin Rivers Baptist Association

Read, complete fully (Print or Type) **Sign, Date** and return to

Twin Rivers Baptist Association
100 Twin Rivers Lane
Wright City, MO 63390

Associational Use Only

Date Received _____

Amount Paid _____

Check # _____

Camp Loure Valley

Check Week Attending

Girls Camp: June 18-22 Boys Camp June 25-29 Youth Camp: July 9-13

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 _____

