

Make Check payable to **Twin Rivers Baptist Association**  
**VENMO Twin Rivers Association** (note child's name)

**2022 Camper Registration Form**  
Read Camp Book, complete all forms (Print, Sign & Date)  
Return with fee to: **Twin Rivers Baptist Association**  
**100 Twin Rivers Lane**  
**Wright City, MO 63390**

Amount Paid _____
Check # _____
VENMO Act: _____
_____

**Check Week Attending Skyway Camp**

Young Mens Camp: June 6-10  
must have completed 3rd grade—6th grade  
**Pre-Reg. \$125      Reg. @ Camp \$150**

Girl's Camp: June 13-17  
must have completed 3rd grade—6th grade  
**Pre-Reg. \$125      Reg. @ Camp \$150**

Name \_\_\_\_\_

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

School Grade (in the FALL) \_\_\_\_\_ T-Shirt Size (Adult sizes) XS S M L XL XXL

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

Registering with which Church \_\_\_\_\_ City \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH AND EMERGENCY INFORMATION**

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

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

I give permission 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)

**HEALTH HISTORY**

- Asthma       Seizures       Heart Problems       Diabetes       Upset Stomach       Frequent Headaches

**Check ALL That apply**

- Bedwetting       Fainting       Diarrhea       Cramping       Emotional Difficulties       Hyperactive (On Medication)

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

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

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

Should Physical Activities be Restricted In Any Way? \_\_\_\_\_

**NOTIFY US** If you have been treated for or comes in contact with any known infections/communicable diseases within the 2 weeks prior to camp.

**PRESCRIPTION MEDICINE:** Parents, if your child requires medication during camp, make sure the camper's name and the instructions are clearly marked on the prescription bottle (FROM THE PHARMACY). Fill out the Individual Record of Medication on back.

**MINOR AUTHORIZATION:** 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 US.** My child and I have read the camp rules in the Associational Camp Information and Guideline Booklet and we agree to abide by these guidelines as printed. I give permission unless otherwise noted, for my child to engage in all supervised activities including swimming and field trips.

Signed by Minor's Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signed by Camper \_\_\_\_\_ Date \_\_\_\_\_

**CAMPER PLEDGE**

I understand that the way I dress can have an effect on my witness. I will adhere to the follows: I will wear long pants, jeans, or MODEST length shorts (NO short shorts); I will only wear shirts WITH sleeves.; I will make sure that my swimsuit is covered and wear a shirt to swim. I will wear appropriate shoes-- sandals to swim, 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 (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 Camper \_\_\_\_\_ Date \_\_\_\_\_

I give permission for Photographs taken of my child \_\_\_\_\_ at Skyway Camp the week of \_\_\_\_\_ to \_\_\_\_\_

