

Make Check payable to:
Twin Rivers Baptist Association

2024 Camper Registration Form

Read Camp Book, complete all forms (Print or Type, Sign and Date)
and return with fee to: **Twin Rivers Baptist Association**
100 Twin Rivers Lane
Wright City, MO 63390
Check Week Attending Loutre Valley Camp

Associational Use Only
Date Received _____
Amount Paid _____
Check # _____

Girl's Camp: June 10-14
completed 3rd grade—6th grade
Pre-Reg. \$80 Reg.@ Camp\$100

Boys Camp: June 17-21
completed 3rd grade—6th grade
Pre-Reg.\$80 Reg.@ Camp\$100

Youth Camp: June 23-27
completed 7th grade—12th grade
Pre-Reg.\$80 Reg.@ Camp\$100

Name _____
Address _____ City _____ State _____ Zip _____
School Grade (in the FALL) _____ T-Shirt Size (Adult sizes) 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
 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 2weeks 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 Camp the week of _____ to
be used on social media. Parent / Guardian Signature _____ Date _____

