

Make Check payable to:
Twin Rivers Baptist Association

2017 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

Associational Use Only

Date Received _____
Amount Paid _____
Check # _____

Check Week Attending Camp Derricotte

Girl's Camp: July 10-14 **must have completed 3rd grade—6th grade**
Pre-Reg. \$80 Reg. @ Camp \$90

Youth Camp: July 14-16 **must have completed 7th grade—12th grade**
Pre-Reg. \$40 Reg. @ Camp \$50

Boys Camp: July 17-21 **must have completed 3rd grade—6th grade**
Pre-Reg. \$80 Reg. @ Camp \$90

Name _____

Address _____ City _____ State _____ Zip _____

School Grade (Fall 2016) _____ T-Shirt Size (Adult sizes) S M L XL XXL

Age _____ Date of Birth _____ Sex _____

Registering with which Church _____ City _____

Father/Guardian Name _____ Phone _____

Father/Guardian Employer _____ Phone _____

Mother/Guardian Name _____ Phone _____

Mother/Guardian Employer _____ Phone _____

Contact Other Than Parent Name and Relationship _____ Phone _____

HEALTH AND EMERGENCY INFORMATION

Insurance Provider _____ Policy # _____

HEALTH HISTORY

Asthma Seizures Heart Problems Diabetes Upset Stomach Frequent Headaches

Check ALL That apply

Bedwetting Fainting Diarrhea Cramping Emotional Difficulties Hyperactive (On Medication)

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) _____

Should 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: 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). Take it to the nurse and fill out the Individual Record of Medication when checking in.

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 the Camp Director. 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:

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 Camper _____ Date _____

I give permission for my child _____

to attend Activities with Camp Directors and Adult Supervisors away from

Derricotte Camp the week of _____.

Parent / Guardian Signature _____

Date _____

Medication Orders

Last Name _____

Completed Form Must be on File For All Medication. Please turn in with Camper Registration

Medication	Time	S	M	T	W	T	F	Remarks

Camper's Name _____ Cabin _____

Allergies _____

Parent/Guardian _____ Emergency Phone Number _____

All medicine must be sent in original container with dosage instructions and reason medication is needed. Only send enough for the days of camp.

Camper is responsible to collect medicine/container from the nurse at the end of camp.

Medicine Returned to Camper _____

Nurses Signature _____