

Make Check payable to:  
**Twin Rivers Baptist Association**

**2021 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 Redemption Ranch Camp**

Girl's Camp: July 12-16 **must have completed 3rd grade—6th grade**  
Pre-Reg. \$100 Reg. @ Camp \$150

Youth Camp: **must have completed 7th grade—12th grade**  
Pre-Reg. Reg. @ Camp

Boys Camp: July 19-23 **must have completed 3rd grade—6th grade**  
Pre-Reg. \$100 Reg. @ Camp \$150

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 \_\_\_\_\_

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 # \_\_\_\_\_

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

**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 \_\_\_\_\_

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I give permission for Photographs taken of my child

\_\_\_\_\_ at Redemption Ranch Camp the  
week of \_\_\_\_\_ to be used on social media.

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_