

**Linn-Livingston and Thousand Hills Associations**  
**Youth Camp Registration 2017**

**May 30-June 3, 2017**  
**Cost \$95.00**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ T-shirt Size

Gender: M or F Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Christian: Y or N XS S M L XL XXL

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church you are attending camp with: \_\_\_\_\_ Member: Y or N

ANY dates and times you will be absent from camp: \_\_\_\_\_

**Circle and comment on all that apply:**

**Allergies:** Penicillin Bee/insect sting Poison Ivy Tetanus shot Hay fever Sulfa Other drugs \_\_\_\_\_

**History of:** Heart Trouble Tonsillitis Skin disorder Asthma Epilepsy/Seizures Appendicitis Bronchitis Diabetes Hernia Nervous Disorder Athlete's foot Stomach Ulcer Other \_\_\_\_\_

**Subject to:** Homesickness Cramps Convulsions Sleepwalking Sore throat Headaches Bedwetting Nosebleeds Earaches Hyperactivity Fainting Toothaches Exhaustion Swimmer's Ear Cold/Pneumonia Stomach/Digestive Disorders

**Anything camper should NOT participate in:** Swimming Strenuous games Sleeping in upper bunk Other \_\_\_\_\_

**Medications required while at camp:** (medications must be in original container)

Name of medication: \_\_\_\_\_ For: \_\_\_\_\_

Instructions: \_\_\_\_\_

**Medications that should not be given:** \_\_\_\_\_ **Date of last tetanus shot:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**General Release:** I (we) have provided complete and accurate information about this camper and understand that, in the event that medical treatment is required, every effort will be made to contact me(us) or the other person named above. However, if I(we) cannot be reached, I(we) give permission to the staff or sponsor to secure the medical services deemed necessary to provide for this camper's wellbeing. I(we) also understand that the insurance provided by Grand Oaks Baptist Assembly, Inc is limited supplemental policy covering only injury or accidents accruing during the event at Grand Oaks. Even then, it will be used to only supplement the family insurance.

By signing this form I(we) also agree to allow the camper to leave campus to participate in activities in the Chillicothe area that the camp director has planned and release GOBA and participating associations of any liability. It is also agreed to allow use of photographs and video taken of campers to be used in promotional materials for future camps by either association or GOBA.

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Email Address \_\_\_\_\_ Date \_\_\_\_\_

***\*ALL FORMS & MONEY DUE BY FRIDAY MAY 9th TO LLBA, P.O. BOX 158 MEADVILLE, MO 64659\****

**Office Use Only**

Cabin Assigned: \_\_\_\_\_ Unit: \_\_\_\_\_ Cabin Leader: \_\_\_\_\_