

Linn-Livingston & Thousand Hills Camp Registration 2017

Youth Camp Worker

Last Name _____ First Name _____ Age _____ Tshirt Size XS S M L XL XXL
 _____ Circle One (Adult Size Only)

Address: _____ Work Phone _____

City, State, Zip _____ Home Phone _____

Contact Person _____ Phone _____

Church Membership _____ Gender: F _____ M _____ Age _____

Cabin Leader (Must be 21 years old or older) _____ CIT (Must be 18 years old or older) _____

Share briefly your salvation experience _____

CHECK AND COMMENT ON ALL THAT APPLY

Allergies: Penicillin _____ Bee/insect sting _____ Poison Ivy _____ Tetanus shot _____ Hay fever _____

Sulfa/other drugs (list) _____

Other allergies (list) _____

Has History of and/or under medical care for:

Heart trouble _____ Tonsillitis _____ Skin disorder _____ Asthma _____ Epilepsy/seizures _____ Appendicitis _____

Bronchitis _____ Diabetes _____ Hernia _____ Nervous disorder _____ Athlete's foot _____ Stomach ulcer _____

Other: _____

Do you presently have any contagious disease(s): No _____ Yes _____ What is it _____

Medications Required While at Camp: (Must be in original container)

Name of medication: _____ For: _____

Instructions: _____

Any medication that should not be given? _____

Date of last tetanus shot _____ (All medications must be checked in with the camp nurse)

Family Physician _____ Office Phone _____

Medical Release: I (we) have provided complete and accurate information about this camper/myself 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 well being. 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.

Signed: _____ Date: _____

Email address: _____

I recommend the above signed as spiritually and socially mature to enough to serve as a worker at camp

Signed _____ Title _____ Phone _____ Date _____

(Must be signed by a church pastor/leader of the church of which the worker is a member)

Office Use Only

Cabin assigned: _____ Unit: _____ Cabin Leader: _____
