

SCHOLARSHIP
REQUEST?

50% of fee.

Yes or No

THBA & LLBA Children's Camp Camper Registration Form 2022

OFFICE USE ONLY

Church _____

Cabin _____

Shirt _____

NAME: _____ Gender: _____ Age: _____

Birthday: _____ Grade Last Completed: _____

Address: _____

Church Attending Camp with: _____ City _____

Parent or Guardian: _____ PHONE: _____

Email: _____

Emergency Contact: _____ Phone: _____

CAMP T-SHIRT SIZE (CIRCLE ONE)

CHILDREN: XS S M L

ADULT: S M L XL 2XL 3XL

PERMISSION TO PHOTOGRAPH

I, _____, the parent or legal guardian of _____ authorize to display pictures of my child in promotion of publications of Thousand Hills Baptist Association, Linn-Livingston Baptist Association and Grand Oaks Camp. I understand that this may include, but not limited to, the taking of photographs, videos, digital images to be used for display and publication on websites, newsletters, and other publications to promote events happening in the association and at church. The child's name shall not appear in or on the published materials unless approval has been given by parent/guardian. I further release the churches in the association and its leadership from any and all claims of any nature arising from use of the photos. (this photo release may be declined by indicating NO on this line) _____

Parent/Guardian Signature _____ Date _____

Camp Fee is \$130. Make checks to THBA.

Fees and forms are due to the Thousand Hills Association office by June 27, 2022.

Please turn forms in to your church or mail to:

Thousand Hills Baptist Association Attn: Children's Camp, 1701 Jamison St, Kirksville, MO 63501

MEDICAL RELEASE & MEDICATION FORM

Personal Physician: _____ Phone: _____

Insurance Company: _____ Phone: _____

Address of Insurance Company: _____ Policy #: _____

CHECK & COMMENT ON ALL THAT APPLY:

LIST ALL KNOWN ALLERGIES (drugs, food, stings/bites, poison ivy, oak, etc.):

LIST ALL OTHER MEDICAL DIAGNOSIS (asthma, hay fever, upset stomach, diabetes, seizure, hyperactivity, etc.):

LIST OTHER CONDITIONS (fears, sleepwalks, homesickness, bed wetting, fainting, etc.):

List all medications:

Medication	Dose	Time	Reason for taking

*Campers and staff should bring original prescription medicine bottles with them to camp that describe actual prescription requirements such as dosages and times to be given.

Medical Release I give permission to the staff or sponsors to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my well-being.

Signature: _____

Date: _____

