Linn-Livingston and Thousand Hills Associations
Youth Camp Registration 2023

July 10-14, 2023

Cost $125.00

Last Name: _____   **First Name**: _____   **T-shirt Size**

Gender: M or F   **Age**: _____   **Grade Completed**: _____   **Christian**: Y or N   **XS S M L XL XXL XXXL**

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, JUNE 16 TO LLBA, P.O. BOX 158 MEADVILLE, MO 64659