

Missouri/Arkansas District Church Camp
REGISTRATION FORM

Name: _____ Age: _____

Address: _____ City _____ State _____ Zip _____

Phone _____ E-mail address _____

Grade completed _____ Birthdate: _____

_____ Male _____ Female _____ Camp staff member: _____

Name of parent(s) or guardian(s): _____

Phone, if different from above (home) _____
(business) _____

Name of an adult who will be responsible for you at camp: _____

I have read the camp guidelines and agree to follow them. I realize that failure to behave and cooperate with the camp staff may result in being sent home.

Camper's signature: _____

I have read the camp guidelines and made sure that my child has read and understands them. I realize that if my child does not obey these guidelines, I may be called to come to camp and pick-up my child.

Signature of parent/guardian: _____

YOUTH PERMISSION FORM (13 AND UP)

_____ I am at least 13 years old and would like to go on the canoe trip on Wednesday of camp week. I understand that this will be an additional cost of \$15.00 to participate in this event.

_____ has my permission to go on the float trip.
name of camper

Signature of parent/guardian: _____

For camp staff only---check what applies:

***Teachers (bible study, recreation activities, crafts),
counselors, camp minister, cooks and/or encouraging assistants

_____ I prefer a cabin with adults only.

_____ I prefer to be in a cabin with children.

Church of the Brethren
Missouri/Arkansas District Church Camp

MEDICAL RECORD FORM

Camper's Name _____ Age _____

Name of Parent/Guardian _____
Contact Person _____

Home phone _____ Business phone _____

Medical Insurance Company's Name _____
Family Doctor's name _____

If parents are not available, the following individuals may be contacted in case of an emergency:

Name _____ Phone _____
Name _____ Phone _____

Health Information

Height _____ ft. _____ in. _____ Weight _____

Check if your child has or ever has had any of the following:

ear infection	rheumatic fever	Poison ivy
convulsions	diabetes	behavior problems
measles	hepatitis	blood transfusion
chicken pox	epilepsy	spleen removal
mumps	asthma	night sweats
fainting	hyperventilation	sleep walking
other		

Details of any of the above, particularly behavior problems we should know about: _____

operations or serious injuries: _____

My child takes the following medications: _____

Date of last tetanus booster shot: _____

My child has current immunization and booster shots _____ yes _____ no

If no, list the ones that are not up to date: _____

Allergic reactions: _____

_____ bee stings
_____ penicillin
_____ food (what kinds)
_____ other

Details of the above allergies or additional information: _____

Any specific activities to be restricted? If so, please list-- _____

IN CASE OF A MEDICAL EMERGENCY, I understand every effort will be made to contact parents or guardians. In the event that I cannot be reached, I hereby give permission to the physician selected by the District Camp staff to hospitalize, secure proper treatment for, and/or to order injection, anesthesia, or surgery for my child named above.

ADULT SIGNATURE: _____

LIABILITY WAIVER

I, the undersigned, hereby release the Missouri/Arkansas District Church Camp staff, any volunteers of the camp, the Missouri/Arkansas District, and the Church of the Brethren, of any liability incurred to myself or any member of my family as a result of participation in any of the approved camp programs and/or activities.

ADULT SIGNATURE: _____ DATE: _____