

Girls in Action Camp Church Registration Form

Church Name _____

GA Leader Name and Phone # _____

Number of girls attending _____ Number of adults attending _____
(At least one adult for every 6 girls)

Amount enclosed (\$30 per child) \$ _____ **Make checks payable to Coffee Baptist WMU GA Leaders do not have to pay the registration fee this year.**

Please return this form and money to:

**Debra Carnley
%Ino Baptist Church
6157 Hwy 134
Kinston, AL 36453**

Deadline to have forms and money in is Fri. April 30th.

Leaders should keep the Medical forms and release forms for your group, bring them to camp. We will take up the release forms at camp but keep medical forms with you for your group during camp.

Cell Phones: Leaders, please make sure your girls do not have cell phones in their possession while at camp. We also ask that leaders limit the use of their cell phones while at camp. We understand leaders may want to use them to take pictures or to have in cases of emergency, but we would like for our time to be used to get to know one another and keep our thoughts on what God may be saying to us at camp. Thank you for your help in this area.

Camper Registration and Medical Form

Name _____ Birth Date _____ Age _____

Parent/Guardian _____ Home Phone _____

Address _____ Work Phone _____

In Emergency Notify _____ Phone _____

Health History

Does your daughter have any medical conditions we need to know about at camp?
If yes please give details.

Date of Last Tetanus Shot _____

Any Swimming or Activity Limitations _____

Any special medical or dietary regime to be continued _____

Name of family physician _____

Address and Phone _____

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. Emergency Authorization – in the event of an emergency if I cannot be reached, I hereby give permission to the physician selected to order x-rays, routine test, secure proper treatment, including hospitalization for my child as named above. I further authorize the release of the above medical information's to appropriate medical personnel and/or the health coverage insurance company.

Signature of Parent/Guardian _____ Witness _____ Date _____

Girls in Action Camp-out, Coffee Baptist Vineyard Permission Form

_____ has my permission to participate in the activities at the GA Camp at Coffee Baptist Vineyard, May 7-8, 2021. I will not hold the Coffee County Association or any leaders responsible for any accident or injuries that may occur.

Signature of Parent/Guardian

Date

Insurance

(Verify accuracy of insurance information – insurance carrier's address is essential)

Insurance issued in the name of: _____

Address of insured _____

Date of birth insured _____ Is this coverage for a dependent? _____

If so give name of dependent: _____

Relationship: _____

Name of Insurance Company: _____

Policy Number: _____

Address of Insurance Company: _____

Phone number of Insurance Company: _____

WHAT TO BRING: 1-2 changes of clothes, comfortable closed toe shoes, (sandals are OK for going to the pool or lake), swimsuit (One piece swimsuits or t-shirt worn over 2 piece) sunscreen, 2-3 towels, washcloth & toiletries, pillow, sheets and blanket or sleeping bag and Bible. If you have to take medication the medicine must include written instructions and must be given to the leaders. There is a gift shop (this is optional, please do not send a lot of money with your daughter).

WHAT NOT TO BRING: Video games, radios, cell phones, CD or MP3 players, flashlights, candy or gum.