

# Youth Camp Registration Form – 2025

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North Grand River/Harrison Baptist Assoc. Camp  
Tuesday, May 27, 2025- Saturday, May 31, 2025

Must have completed grades 7th – 12th

Cost is \$150.00. A \$10.00 snack shack card is included in the cost.

The deadline to accept registration forms is Monday, May 5, 2025  
Forms received after May 5, 2025 will not be accepted.

**Note to parents-** Please be sure to sign the registration, medical and rules page. If they are not signed, your child will not be allowed to attend camp.

The camp fee includes insurance for each camper and staff member. The camp insurance is a supplement policy only; your own insurance is the primary insurance.

**Note to Churches -** The sponsoring church is responsible for making payment at camp. **Please bring only one check for the total campers your church is sponsoring.**

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Name of Sponsoring Church \_\_\_\_\_ City \_\_\_\_\_

Name \_\_\_\_\_ Gender : M [ ] F [ ]

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

T-Shirt size: All adult sizes: S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_ Add 3.00 for XXL \_\_\_\_ XXXL \_\_\_\_

Swimming Permission: May the named camper go swimming at the Grand Oaks pool with certified life guards?  
Yes \_\_\_\_ No \_\_\_\_

Are you a baptized believer? Yes \_\_\_\_ No \_\_\_\_

Are you a church member? Yes \_\_\_\_ No \_\_\_\_ If so, what church? \_\_\_\_\_

Do you give permission for the named camper to be photographed and/or videotaped for promotional uses for next year's camp? Yes \_\_\_\_ No \_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Be at each service on time. Check your schedule to know where you are to be and be there.
2. Cabin leaders and campers are expected to participate in the entire camp program. Camp is a group activity.
3. Show a Christian spirit at all times. If you have a problem, go to your cabin leader or other adult.
4. No public display of affection. (Keep your hands to yourselves)
5. All clothing must be modest. No midriffs, no tank tops, no tee shirts w/ large cut out sleeves. No short shorts – use the fingertip rule.
6. Do not leave your cabin after lights out. If this occurs severe consequences or dismissal will occur.
7. Campers will not be allowed to leave the campgrounds. If you have to leave, you must leave with a parent or have written permission.
8. The swimming pool is for everyone's enjoyment, but only those who have brought permission from their parents will be allowed to swim. No bikinis are allowed, unless they are covered with a dark colored t-shirt. If a two-piece suit is worn, it must cover the belly. All staff and campers must wear clothing to the pool. Shirts and shorts must be worn outside of the pool.
9. There are to be no electronic communication or entertainment devices allowed at camp. (cell phones, P.C.s, I-pods) **NO CELL PHONES ALLOWED AT CAMP!!!**
10. Keep rooms clean at all times.
11. No tobacco, alcohol, or drugs of any kind.
12. No foul language
13. No phone calls are to be made from camp. If there is a need, the director or nurse will make the call.
14. No snacks will be allowed from home unless they are for medical purposes, which must accompany a note from the parent.

**The decision of the Camp Director or Assistant Director is final on questionable situations.**

Camper and Staff Covenant

I, \_\_\_\_\_, do covenant to make myself available to the Lord at Camp. I further covenant to act in a Christ-like manner, and to respond in love to who the Lord has placed in authority during my stay at Camp.

Camper signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent verification of rules being understood by your camper.**

I have discussed these rules with our camper. Our camper understands them, accepts them, and will abide by them. I further understand that if our camper goes beyond the scope of these rules that I may be called upon to come and take my camper home at the discretion of the camp leadership.

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Medical Information

**Medical Information for camper is to be completed and signed by parent/guardian**

**Notice: All prescription medications will be dispensed according to directions on the label.**

**Doctors' written orders must accompany any change.**

**Please put all medication in a zip-lock bag with the camper's name on it.**

Name \_\_\_\_\_ Age \_\_\_\_\_ Male [ ] Female [ ]

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Sponsoring Church \_\_\_\_\_

Parent/Guardian (Camper & CIT only) \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Other Phone \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Dr. Phone \_\_\_\_\_

**Check and comment on all that apply**

**Make note of any health problems or medications you have.**

Do you have any physical limitations? Explain \_\_\_\_\_

### Allergies:

_____ Penicillin	_____ Bee/insect sting	_____ Other (List)
_____ Sulfa/other drugs	_____ Poison Ivy	_____
_____ Tetanus Shot	_____ Hay Fever	_____

### Has history of or under medical care for:

_____ Heart trouble	_____ tonsillitis's	_____ skin disorder
_____ Asthma	_____ epilepsy/seizures	_____ appendicitis
_____ Bronchitis	_____ diabetes	_____ hernia
_____ Nervous disorder	_____ athletes foot	_____ stomach ulcer
Other _____		

### Subject to:

_____ nosebleeds	_____ stomach/digestive disorders	_____ convulsions
_____ Home sickness	_____ cramps	_____ headaches
_____ Sleepwalking	_____ sore throat	_____ earaches
_____ Bedwetting	_____ fainting	_____ toothaches
_____ Hyperactivity	_____ swimmers ear	
_____ Exhaustion		
_____ cold/pneumonia		
_____ Other _____		

**Check or list any activities camper should not participate in:**

\_\_\_\_\_Swimming \_\_\_\_\_strenuous games  
\_\_\_\_\_No upper bunk \_\_\_\_\_other\_\_\_\_\_

**Medication required while away from home: (*Meds will only be dispensed as per instructions on bottle unless accompanied by Doctor's written orders. Medications that are prescribed by a doctor must be in the original bottle with instructions.*)**

Name of medicine \_\_\_\_\_used for\_\_\_\_\_

Instructions: \_\_\_\_\_

All medications are to be checked in with the camp nurse the first day of camp and administered per instruction on the bottle unless accompanied by Doctor's written orders.

Are there any medications that should not be given?

\_\_\_\_\_  
(Aspirin, cough drops, etc.)

Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance information: Is the camper covered by family medical/hospital insurance? Yes [ ] No [ ].

If yes, please indicate carrier or plan name

\_\_\_\_\_  
Group # \_\_\_\_\_ SS # of policy holder/insurance ID number

**Medical release:** I/we have provided complete and accurate information about this camper/myself and understand that, in the event 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 a limited supplemental policy covering only injury or accidents occurring during the event at Grand Oaks. Even then, it will be used only to supplement the family insurance.

Signed \_\_\_\_\_  
Camper's parent or guardian

Relation \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Photo Release**

I, (parent/guardian) \_\_\_\_\_ grant the Grand Oaks Baptist Assembly, North Grand River Baptist Association, Harrison Baptist Association, and Sports Crusaders the absolute right to copyright, re-use, publish, and re-publish by any medium (including electronically) any photos of myself or my child or in which they may be included, that may be taken while participating in the HBA/NGR Church Camp activities

### **Medical Treatment Authorization**

I, (parent/guardian) \_\_\_\_\_ hereby give permission to the physician selected by an adult leader in charge, to order injection, surgery, or any other medical treatment that may be deemed necessary to insure the well-being of the above named minor.

### **Medical Release**

For consideration my child's participation in activities of the Grand Oaks Baptist Assembly, North Grand River Baptist Association, Harrison Baptist Association, and Sport Crusaders, I release the Grand Oaks Baptist Assembly, North Grand River Baptist Association, Harrison Baptist Association, and Sports Crusaders, their members, officers, agents, employees, and workers from any liability for any injuries or illnesses (including COVID-19) which might occur to my child.

I further agree to indemnify North Grand River Baptist Association, Harrison Baptist Association, and Sports Crusaders, their members, officers, agents, employees, and workers from any expenses they might incur due to any injuries or illnesses (including COVID-19). This release is effective for the year March 2023 - March 2024.

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Checklist for Camp

### Packed to bring to camp

### Packed to take home

_____	Bible, please have your name inside	_____
_____	Notebook and pen/pencil	_____
_____	Hygiene Items (shampoo, soap, deodorant, etc.)	_____
_____	Pants, Blue Jeans, Slacks, or Shorts	_____
_____	T-Shirt, other shirts (bring several)	_____
_____	Underwear (several pairs)	_____
_____	Shoes, Socks (several pr. socks)	_____
_____	Jacket or Sweater	_____
_____	Appropriate Swimwear	_____
_____	Bedding (sheets or sleeping bag)	_____
_____	Pillow & Blanket	_____
_____	Bath Towels, wash cloths	_____
_____	Camera, Bug Spray	_____
_____	Medications and directions for use	_____

***Medications that are prescribed by a doctor must be in the original prescription bottle with instructions.***

**Check In time –Tuesday 2:00 p.m.**

**Check out time – Saturday 10:00 a.m.**

**\*Campers should not arrive before 2:00.\***

### **\*Check-in instructions**

**\*Church Representative who will be paying for camp – You will need to stay with your church group until each of your campers have checked in.**

**\*Campers – When you arrive at the ball court your cabin assignment will be posted. A lice check will need to be done prior to going to the cabin. If lice is found, the camper will be sent home.**

**All medications are to be delivered to the camp nurse upon registration.**

Grand Oaks Baptist Assembly, 9463 Hwy 190, Chillicothe, MO 64601

Camp Director: Josh Silver (660)605-3354

Co-Director: Hannah Silver (660)605-3219