

Children's Camp Registration Form – 2025

North Grand River/Harrison Baptist Association Children's Camp
Monday, June 30, 2025 – Friday, July 4, 2025

Must have completed grades 3rd – 6th

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

The deadline to **submit** registration forms **to your Associational Office** is Monday, June 10, 2025.

Forms received after June 10, 2025, will not be accepted.

PLEASE COMPLETE A SEPARATE FORM FOR EACH CAMP

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.

Name of Sponsoring Church: _____

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 lifeguards?

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 ___/___/___

Camp Rules

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, _____, make a 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 _____ skin disorder

_____ Asthma _____ epilepsy/seizures _____ appendicitis

_____ Bronchitis _____ diabetes _____ hernia

_____ Nervous disorder _____ athletes foot _____ stomach ulcer

Other _____

Subject to: _____ nosebleeds _____ stomach/digestive disorders _____ Home sickness

_____ convulsions _____ Sleepwalking _____ cramps

_____ headaches _____ Bedwetting _____ sore throat

_____ earaches _____ Hyperactivity _____ fainting

_____ toothaches _____ Exhaustion _____ swimmers ear

_____ cold/pneumonia

Other _____

(continued next page)

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 2025 - March 2026

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, toothpaste, deodorant)	_____
_____	Pants, Blue Jeans, Slacks, or Shorts	_____
_____	T-Shirt, other shirts (bring several)	_____
_____	Underwear (several pairs)	_____
_____	Shoes, Socks (several pr. socks)	_____
_____	Jacket or Sweater	_____
_____	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 – Monday NGR 2:00 HBA 2:30 Check out time – Friday 10:00 a.m.

***Campers should not arrive before 2:00 p.m. on Monday**

***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 Bobbie Johnson (660)373-0492
Assistant Camp Director Eric Roy (660)654-2665