

**Camper Form  
BLBA Summer Camp  
July 1-July 6, 2018**



NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_  
LAST NAME FIRST NAME AGE ON JULY 1 GRADE ENTERING THIS FALL

ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY COUNTY STATE ZIP

GENDER:  MALE  FEMALE EMAIL ADDRESS: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CHURCH INFO: \_\_\_\_\_  
NAME AND CITY OF CHURCH GROUP YOU ARE ATTENDING CAMP WITH

\_\_\_\_\_  
NAME AND CITY OF CHURCH YOU REGULARLY ATTEND IF DIFFERENT FROM ABOVE

LIST THE NAMES OF FRIENDS ATTENDING CAMP YOU MIGHT LIKE TO SHARE A CABIN WITH:  
**FRIENDS MUST BE WITHIN 1 GRADE LEVEL AND MUST BE IN SAME AGE GROUP (ELEMENTARY, MIDDLE, OR HIGH SCHOOL)**

CHOICE #1 \_\_\_\_\_

CHOICE #2 \_\_\_\_\_

**Children's Camp: 2<sup>nd</sup> - 5<sup>th</sup> grade  
 Jr. High Camp: 6<sup>th</sup> - 8<sup>th</sup> grade  
 Sr. High Camp: 9<sup>th</sup> - 12<sup>th</sup> grade**

PLEASE NOTE ANY INFORMATION OR ACTIVITY LIMITATIONS THAT SHOULD BE MADE KNOWN TO YOUR CHILD'S CABIN LEADERS.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Registration cost:  
 \$120.00 Now - May 12th  
 \$160.00 May 13th - June 9th  
 \$200.00 June 10th - July 1st

Payment and registration must be postmarked by above dates to be accepted in above price brackets.

Please send your completed Registration Form and check payable to BLBA with "camp" in Memo to:  
**Bay Lakes Baptist Association,  
 3502 N Hunters Lane, Appleton, WI 54913**

For information contact Marcia Hansen -  
 hansenoffice@gmail.com or 920-636-0098

For Office Use:

Camper	Camper of staff	Preschool
Payment: Date _____	Amount _____	
Date _____	Amount _____	

NOTE: Please make arrangements to deliver your child to camp on Sunday, July 1 at 4:00 P.M. and pick them up Friday, July 6 at 2:30p.m.

Photo release (optional)  yes \_\_\_\_\_  no

# Camper Form, BLBA Summer Camp July 1-July 6, 2018



## MEDICAL INFORMATION:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_  
LAST NAME FIRST NAME AGE ON JULY 1 DATE OF BIRTH

ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

PARENT'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

### OTHER CONTACT NUMBERS WHERE PARENTS CAN BE REACHED:

NAME PHONE NUMBER WORK/CELL/OTHER

NAME PHONE NUMBER WORK/CELL/OTHER

NAME PHONE NUMBER WORK/CELL/OTHER

NAME PHONE NUMBER WORK/CELL/OTHER

### Personal Health History

Check all that apply:

- Convulsions or Seizures
- Fainting spells
- Bleeding problems
- Heart Murmur
- Headaches
- Diabetes
- Asthma
- Ear trouble
- Cancer
- Head injury/Concussion
- Allergy to Bee stings
- Food Allergies

Drug Name Reason or Purpose

Drug Name Reason or Purpose

Drug Name Reason or Purpose

### Allergies:

Please list allergies and note reaction type.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Insurance Information:

Insurance Company

Policy Number

ID or Subscriber Number

**Over the Counter Medications:** I give permission for the administration of over the counter medications\*, such as Ibuprofen, Tylenol, Benadryl, antacids, etc. to my child in the event of minor illness or injury as directed by the Camp Nurse.

Parent/Guardian Signature Date

\* If you should desire to see a copy of the list of approved over the counter medications that may be dispensed, please contact the BLBA Offices. (920-993-1800)

### Medications:

Please list meds routinely taken:

**Parental Consent:** I give permission for my child to participate in this event and to undergo medical treatment for any injury or illness he/she may sustain or acquire. In the event that serious medical procedures are required, such as surgery or other invasive procedure, I understand that attempts will be made to contact me. In the event of an emergency, I authorize any duly licensed medical practitioner to perform any medically necessary procedures and administer medication.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_