

Monongahela Baptist Association Camp Registration Form --- 2020



<p>Camper's Name _____</p> <p>Address _____</p> <p>City _____ St _____ Zip _____</p> <p>Date of Birth _____ / _____ / _____</p> <p><input type="checkbox"/> Male Circle the Grade you just completed</p> <p><input type="checkbox"/> Female 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th</p> <hr/> <p style="text-align: center;">Parent / Guardian Name</p> <p>_____</p> <p>Phone where you can be reached during the week of camp. Home _____ Cell _____</p> <p>In case of an emergency, if we cannot reach you at phone numbers above, who should we contact? Name _____</p> <p>Phone _____ Relationship _____</p>	<p style="text-align: center;">Payment Due by May 17th</p> <p>\$75.00 <input type="checkbox"/> Date Paid ____ / ____ / 2020 AFTER MAY 17TH</p> <p>\$85.00 <input type="checkbox"/> Date Paid ____ / ____ / 2020</p> <p style="text-align: center;">MAKE CHECKS PAYABLE TO: M. B. A. (Monongahela Baptist Association)</p> <hr/> <p style="text-align: center;">Church Affiliation</p> <p>_____</p> <p>City _____</p> <p>Pastor's Name _____</p>
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T - Shirt Size: (Circle One)

	ADULT SIZE →	Small	Medium	Large	X-Large	2X	3X	4X	
	YOUTH SIZE →	Small	Medium	Large	X-Large				

PICK UP INSTRUCTIONS FOR ALL CAMPERS

The following people have my permission to pick up the camper named on this form.

1. _____
2. _____
3. _____

The following person or persons may **NOT** pick up the camper named on this form.

1. _____
2. _____
3. _____

NOTE: Due to the prevalent communicable disease of head lice, each camper will be screened prior to admission to camp. If lice (in any stage) are detected, the camper will **NOT** be allowed to attend camp.

_____ Signature of Parent / Guardian

_____ Date of Signature

_____ Relationship to Camper

2020 MEDICAL INFORMATION

CAMPERS NAME _____ AGE _____
Family Physician _____ Phone _____ City _____
Family Dentist _____ Phone _____ City _____
Does camper have any allergies? Yes ____ No ____ If yes, please list _____

Does camper take any medications? Yes ____ No ____ If yes, please list on chart below.

Name of Medication	Dose	How often?	At what time(s)?

Do you give permission for camper to take Tylenol if needed for fever or minor pain? Yes ____ No ____
Do you give permission for camper to take Maalox if needed for stomach problems? Yes ____ No ____
If no, what action should be taken? _____
List any diet or activity restrictions on the back of this page. Check here if you have provided a list.

SPECIAL NEEDS CAMPERS

Because we are a 100 % volunteer staff, we do not have a trained volunteer to accommodate campers that require additional assistance. To ensure their health and safety at camp, as well as others, campers that require additional assistance **can attend when accompanied by a support person.** The support person would attend all week **at no charge.** We recommend that you contact the MBA office before returning your camper registration to discuss concerns of how to best help your child have a great experience. **Does your child have an I.E.P. ?**
 YES NO **If yes, please explain.**

Name of Support Person _____ Phone _____
Address _____ City _____ St _____ Zip _____

All volunteer staff will have a background check prior to camp.

INSURANCE INFORMATION

Carrier / Plan Name _____
Carrier Address _____ City _____ State _____ Zip _____
Name of Insured _____ Relationship _____
ID# of Insured _____ Group # _____

Parent/Guardian Authorization:

The health history as listed ABOVE is correct and complete to the best of my knowledge. I give permission for participation in all activities except as noted. I understand that in the event my child requires medical or dental treatment while at camp, reasonable efforts will be made to contact me and the alternate person listed. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine test, treatment; also, the release any records necessary for insurance purposes and to provide or arrange the necessary related transportation for my child. In addition, I give permission to the physician select by the camp to secure and administer treatment, including hospitalization, for the person named on this form as the participant. I hereby release the Monongahela Baptist Association and Fisher Camp and all persons associated with the camp from any liability associated with any accident, injury, or disease of the person who is the subject of this form.



Signature of Parent / Guardian

CAMP MONONGAHELA GUIDELINES

The signatures below verify that these guidelines have been reviewed and accepted by both the parent/guardian and child/youth participating in Camp Monongahela. Failure to comply with any of these guidelines will result in disciplinary action by the camp staff and/or removal from Camp Monongahela at parent's expense.

1. I understand that the purpose of attending Camp Monongahela is for spiritual growth and enrichment. My conduct and behavior will reflect that purpose.
2. I will participate in **ALL** of the scheduled activities of the camp.
3. I will not use or possess any tobacco products, drugs, alcoholic beverages or any type of weapons at camp.
4. I understand that except for going to the bath house, all campers must **NOT** cross the blacktop road to cabins of the opposite sex.
5. I will stay out of the cabins and rooms that are designated for members of the opposite sex and will not seek to be alone with a person of the opposite sex.
6. I will assume financial responsibility for any and all damages that I create to property and facilities belonging to Fisher Camp, Monongahela Baptist Association, any sponsoring parties, other campers and/or staff.
7. **ANY SPECIAL ACCOMODATIONS** will only be honored with approval from Helen Melquist. Please list below why special accommodations are needed.

**THIS WILL NOT BE DONE AT CAMP REGISTRATION
APPROVAL MUST BE GRANTED BEFORE CAMP.**

Reason for Special Accommodations → _____

I HAVE READ, UNDERSTAND & DISCUSSED THE GUIDELINES WITH MY SON/DAUGHTER. The camper understands the stated guidelines and understands, if found to be out of line, he/she will be counseled to determine if he/she should continue or be dismissed from camp. My signature confirms that I the Parent/Guardian and the camper agree with the above stated guidelines.



Parent /Guardian Signature

Date



Campers Signature

Date

State of _____

County of _____

I, a qualified Notary Public, in and for the County aforesaid, hereby certify that the person who signed as parent/guardian, did on this date, appear before me, after duly sworn or affirmed, and reading this document in its entirety, did affix his or her signature hereto in my presence.

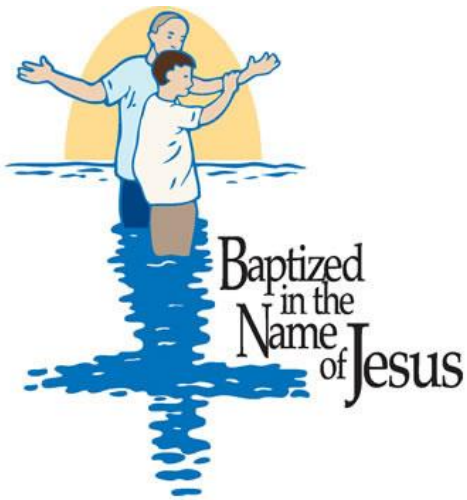
NOTARY PUBLIC

DATE EXECUTED



MY COMMISSION EXPIRES _____, 20 ____

(Please imprint seal in area above)



As the week progresses, we pray that some of our campers will accept Jesus as their Lord and Savior. Then, others may decide to rededicate their lives. We will be offering ANY camper that makes a decision to follow Christ, the opportunity to be baptized at the end of camp, during our camp's closing service on Thursday.

As the parent / guardian, do you give permission for this performance of obedience to take place for your son / daughter?

Yes No

Campers Name _____

Parent or Guardian Signature

PARENTS & CAMPERS

READ THIS PAGE

Complete the Camp Registration Form (3 pages),

SIGN IT, have the form notarized AND

SEND WITH PAYMENT TO:

MBA Office, P O Box 635, Buckhannon, WV 26201

BY MAY 17TH

IMPORTANT INFORMATION YOU NEED TO KNOW

DIRECTIONS TO CAMP: From I – 79, take Exit 99 toward Weston, continue to follow US 119S / US 33W. Turn left onto Main Street. Take the 1st right onto 2nd Street. Continue for approximately 2.5 miles. Turn right onto Gee Lick Rd. Go about 1.3 miles and turn right into Camp Fisher. Follow signs to registration

What to Bring:

- **BIBLE**
- **Clothing** – Sports clothes are appropriate for all activities.
Bring warm clothes for the evening (sweatshirts/ long pants). Campers should dress comfortably, casually, and modestly. **No short shorts, no halter tops or spaghetti straps.** We will be going swimming (weather permitting) one afternoon, so female campers will need a one-piece modest swimsuit and towel. Also, you will need clothes for water games & messy activities. **Please label all clothes and personal items with camper's name!**
- **Personal Items** – Toothbrush, toothpaste, shampoo, deodorant, soap, etc.
- **SNACKS** – We serve snacks each evening, but campers may bring their own for cabin time
- **Bed linens** – Sheets, blanket or sleeping bag, pillow, towel & washcloth
- **Miscellaneous** – Flashlight, rain gear, light jacket or sweater
- **Medications** - Any medications the camper needs MUST be given to camp nurse at the time of registration.

What NOT to Bring:

- Cell phones, iPods, CD players, DS, etc. If you bring these, we will hold these at the office until camp is over. There is **NO CELL SERVICE** at the camp.
- Firearms, laser pointers, or weapons of any kind
- Alcohol, tobacco or drugs
- Money – everything (including snacks) is included in the registration price.