



Camp Registration Form --- 2021

◆ ◆ CAMP WILL BE HELD AT CAMP TOWLES NEAR GRAFTON ◆ ◆

<p>Camper's Name _____</p> <p>Address _____</p> <p>City _____ St _____ Zip _____</p> <p>Date of Birth _____ / _____ / _____</p> <p><input type="checkbox"/> Male t Circle the Grade you just completed</p> <p><input type="checkbox"/> Female 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th</p>	<p>Payment Due by JULY 1ST</p> <p>\$75.00 <input type="checkbox"/> Date Paid ____ / ____ / 2021 AFTER JULY 1ST</p> <p>\$85.00 <input type="checkbox"/> Date Paid ____ / ____ / 2021</p> <p>MAKE CHECKS PAYABLE TO: M. B. A. (Monongahela Baptist Association)</p>
<p>Parent / Guardian Name</p> <p>Phone where you can be reached during the week of camp.</p> <p>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>Church Affiliation</p> <p>_____</p> <p style="text-align: center;">Name of Church</p> <p>City _____</p> <p>Pastor's Name _____</p>

	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.

Your initials below **acknowledge that you have read and understand** that if **LICE** is detected, the camper will **NOT** be allowed to stay.



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_____ Initial Here (Parent / Guardian)

2021 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 _____

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 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.**



_____ Initial Here (Parent / Guardian) that you have read and agree with the above statements.

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

CAMP MONONGAHELA GUIDELINES

The signatures and/or initials 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 **Camp Towles**, Monongahela Baptist Association, any sponsoring parties, other campers and/or staff.
7. **ANY SPECIAL ACCOMODATIONS** will only be honored with approval from Helen Mellquist. Please list below why special accommodations are needed. **THIS WILL NOT BE DONE AT CAMP REGISTRATION. APPROVAL MUST BE GRANTED BEFORE CAMP.**

Explain your 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 initials and/or my signature confirms that I the Parent/Guardian and the camper agree with the above stated guidelines.



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_____ Initial Here (Parent /Guardian)

Date ____/____/2021



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_____ Campers Signature

Date ____/____/2021

My signature below as the parent or guardian of the child's name on page 1, acknowledges that I have read, understand, and agree with all statements and guidelines set forth by the Monongahela Baptist Association (MBA) for the 2021 Church Camp. My child has also read, understands, and agrees with all statements and guidelines set forth by (MBA).



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_____ Signature of Parent / Guardian

_____ 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)