

Send Registration to: Metro Baptist Association,

P.O. Box 41023, Des Moines, IA 50311

\$25 deposit due with the registration forms (non-refundable after 6/15)

Remainder due at the beginning of camp

Early Registration postmarked by 5/18	\$90	Pre-Camper	Love offering
Regular Registration postmarked by 6/1	\$100	Staff	Love offering
Last day to register! (postmarked by 6/15)	\$105	Day Camper	\$60/70/75

Date received _____

Check no. _____ amt. _____

Check no. _____ amt. _____

2019 Metro Children's Camp Child Registration Form

PLEASE PRINT LEGIBLY IN BLACK INK

Child's Full Name _____ Name to be called at camp _____

Address _____

Street

town

state

zip

home phone

Birth date _____

Grade **entering** in the fall: 3 4 5 6 7

Gender: Male Female

T Shirt sizes PLEASE CIRCLE ONE: Youth Sizes: YS YM YL Adult sizes: AS AM AL AXL 2X 3X

Parent/Guardian _____

First name

last name

home phone

cell phone

Parent email address: _____

Church with whom you are attending camp: _____ Church city _____

Have you attended children's camp before? _____ if so, when? _____

Name one other camper in your grade that you would like to be in a family with _____

Day Camper Registration - If your child will not be staying overnight at camp, fill out the following:

___ My child will NOT be staying overnight at camp. I will be picking them up at 9:30 PM on Monday, Tuesday, and Wednesday

___ I agree that my child will arrive at camp at 8 AM for breakfast on Tuesday, Wednesday, and Thursday

___ My child has medicine that he/she will be taking during the day and we will bring it on Monday to leave it with the camp nurse.

We will be using pictures taken at camp for promotional purposes. If you do not wish your child's picture used, please call the Camp Director at 515-661-1060 to inform us.

In order to insure your child's safety, please inform us of any individuals who **do not** have the authority to pick up your child from camp. _____. If you have a family situation of which we should be aware, please contact John Jakes, Camp Director at 515-661-1060.

Emergency Contact Information:

Contact person other than parent: _____ relationship to child _____

Home phone _____ cell phone _____

HEALTH RECORD: Child's name: _____

Health Insurance Company _____ policy no. _____

HEALTH HISTORY:

Dates of immunizations: DTP _____ Polio Booster _____ MMR _____ Date of last Tetanus Shot: _____

Please check if your child has any of the following:

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Diabetes _____ Heart problems _____
Dizziness _____ Hay Fever _____ Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Exposed to Head Lice in the last month ___ yes ___ no . Please notify the camp if your child has been exposed. We reserve the right to send any child home that arrives at camp with head lice or is ill in any way.

Allergies: Foods: _____ Drugs: _____

Other allergies: _____

Other:

Special Diet Needs: _____

Physical Limitations: _____

Special Instructions: _____

PLEASE NOTIFY THE NURSE OF ANY MEDICAL CHANGES UPON ARRIVAL AT THE CAMP INCLUDING ANTIBIOTICS, RECENT ILLNESSES OR ACCIDENTS.

PERMISSION TO ADMINISTER MEDICATION

I, _____, give permission for the following medications to be given to my child,
Parent's name _____
_____ at Metro Children's Camp June 22-25, 2020.
Child's name _____

Tylenol _____ Ibuprofen (advil) _____ Tums (or generic) _____ Pepto Bismol _____ Oral Benadryl _____

PLEASE SEND A TYPED LIST OF MEDICATIONS AND INSTRUCTIONS THAT YOUR CHILD IS CURRENTLY TAKING WITH YOUR CHILD TO CAMP.

Medical & Surgical Waiver: To be completed by the parent(s) and or guardian(s) of participants under 18 years of age.

I, _____, parent and/or legal guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to attend Children's Camp between the dates of June 22-25, 2020. I further expressly grant my permission for my child to participate in all activities of said camp.

I have listed said minor's physical or medical problems that may need attention. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to Metro Baptist Association, or their representatives, or the camp sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harmless the Children's Camp staff, Metro Baptist Association, or the camp sponsors, or the campground upon whose campus the Children's Camp is being conducted, from any and all actions, damages, or liabilities arising out of the treatment of any sickness or accident incurred by said minor at Children's Camp June 22-25, 2020.

Signature of Parent/Guardian _____ date _____