

June 28-July 3

CAMPER

BLBA
SUMMER
CAMP



FREEDOM THROUGH JESUS!

NAME: _____ AGE: _____ GRADE: _____
LAST NAME FIRST NAME AGE ON JUNE 28 GRADE ENTERING IN 09/10 SCHOOL YEAR

ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

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

PLEASE LIST THE NAMES OF FRIENDS ATTENDING CAMP YOU MIGHT LIKE TO SHARE A CABIN WITH:
WE GROUP THE CHILDREN BY SEX AND AGE, WE WILL ACCOMODATE IF WE CAN.

CHOICE #1 _____

CHOICE #2 _____

Children's Camp: 2nd - 5th grade
Jr. High Camp: 6th - 8th grade
Sr. High Camp: 9th - 12th grade

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

Registration cost:
\$100.00 Now - May 15th
\$150.00 May 19th - June 12th
\$200.00 June 16th - June 28th

\$50 deposit 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,
650 W. Seneca St., Appleton, WI 54911

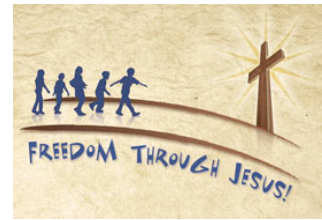
For questions call Marcia at 920-993-1800

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, June 28th between 4:15-5:30 P.M. and pick up Friday, July 3rd at 2:00am.

CAMPER

BLBA Summer Camp June 28-July 3, 2008



MEDICAL INFORMATION:

NAME: _____ AGE: _____ DOB: _____
LAST NAME FIRST NAME AGE ON JUNE 28 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

Insurance Information:

Insurance Company

Policy Number

ID or Subscriber Number

Medications:

Please list meds routinely taken:

Drug Name Reason or Purpose

Drug Name Reason or Purpose

Drug Name Reason or Purpose

Allergies:

Please list allergies and note reaction type.

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)

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: _____