

LLBA Children's Camp Registration 2024

ALL SECTIONS MUST BE COMPLETED – PLEASE PRINT

NAME: _____ T-SHIRT SIZE: __ YL __ S __ M __ L __ XL __ XXL
(Last Name) (First Name) (Mark One)

Gender (Mark One): __ M __ F Age: _____ Grade Completed: _____

Already a Christian/publicly professed Christ? (Circle One) Yes No

Parent/Guardian Name: _____

Address: _____
(Number/Street) (City) (State) (Zip Code)

Phone: Cell _____ Home _____ Work/Other _____

Additional parent/guardian or contact person: Name: _____

Cell Phone: _____ Home Phone: _____

Church you attend/are coming to camp with: _____
(Church name, City, State)

Are you a member of that church? __ Yes __ No

Request sharing cabin with: (only one person & reason for request, not guaranteed): _____

Any known date/time to be absent from camp (please include reason): _____

Check and comment on all that apply:

Allergies: Penicillin __ Bee Sting/insect bite __ Poison ivy/oak __ Hay fever __ Tetanus shot __

Sulfa/other drugs (please list all that apply): _____

Other known allergies (please list all) _____

Camper has a history of and/or is under medical care for:

Heart condition __ Tonsillitis __ Skin disorder __ Asthma __ Epilepsy/seizures __ Bronchitis __

Diabetes __ Hernia __ Anxiety/nervous disorder __ Athletes foot __ Stomach ulcer/upset __

Other (please list and give as much info as possible) _____

Does camper currently have any contagious disease(s)? Yes __ No __ If yes, what _____

Office Use Only:

Cabin Assigned _____ Unit _____ Cabin Leader _____

Camper is subject to:

Homesickness ___ Cramps ___ Convulsions ___ Sleepwalking ___ Sore throat ___ Headaches ___

Bed wetting ___ Nosebleeds ___ Earaches ___ Hyperactivity ___ Fainting ___ Toothaches ___

Swimmer's ear ___ Exhaustion ___ Cold/pneumonia ___ Stomach/digestive problems ___

Other _____

Check or list activities camper should not participate in: Swimming ___ Strenuous exercise ___

Should not use an upper bunk bed ___ Other limitation(s): _____

Medications required while at camp: (All meds must be in original container and must be checked in with the Camp Nurse. Please list all Meds and give as much detail as needed and/or possible. Continue on a separate sheet if needed.)

Name of Medicine: _____ For: _____

Instructions: _____

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Instructions: _____

Name of Medicine: _____ For: _____

Instructions: _____

Family Doctor / PCP: _____ **Doctor's Office Phone:** _____

Date of last Tetanus Shot: _____

Medical Release: I (we) have provided complete and accurate information about this camper/myself and understand that, in the event that medical treatment is required, every effort will be made to contact me (us) or the other person named above. However, if I (we) cannot be reached, I (we) give permission to the staff or sponsor to secure the medical services deemed necessary to provide for the camper's wellbeing. I (we) also understand that the insurance provided by Grand Oaks Baptist Assembly, Inc., is a limited supplemental policy covering only injury or accidents occurring during the event at Grand Oaks. Even then it will be used only to supplement the family insurance.

Signed: _____ Relationship: _____ Date: _____

Parent/Guardian Email: _____

Image Release: I (we) release to Linn-Livingston Baptist Association and/or Grand Oaks Baptist Assembly, Inc. the right to use photographs taken of my (our) child during camp for promotional advertisements in the form of brochures, webpages, newsletters, bulletin boards, media presentations, or videos, with the understanding that these photographs will be used in a respectful and decent manner.

Signed: _____ Relationship: _____ Date: _____

2024 LINN-LIVINGSTON BAPTIST ASSOCIATION CHILDREN'S CAMP Information for Campers and Cabin Leaders

CHILDREN'S CAMP: Will be Monday - Friday, June 17-21, 2024 for children who have completed 3rd through 6th grade in school. If a 6th grade youth and their parents prefer, they may attend Children's Camp instead of or in addition to Youth Camp.

PRE-REGISTRATION: Registration forms for cabin leaders must be received no later than Tuesday, April 30th, 2024.

Registration forms for Campers must be received no later than Friday, May 24th, 2024. Please

send all forms and monies to:

*Linn-Livingston Baptist Association
P O Box 158
Meadville, MO 64659*

Absolutely no registration forms will be accepted after June 1, 2024.

Registration forms are needed for all Campers, Cabin Leaders, Assistant Cabin Leaders (CIT'S), and Staff

(One day kitchen helpers do not need to fill out a Registration Form.)

1. Please make sure all the questions have been completed. For those under the age of 18, the form must be signed by a parent or legal guardian. This is necessary for liability and insurance purposes.
2. Cabin Leaders and Staff registration forms must also be signed by a church leader, verifying their social and spiritual maturity and ability to serve in that capacity.
3. Campers wanting to be assigned to the same cabin must provide that information on the registration form. No changes will be made once camp starts. You can specify only one person your own age or grade in school. The Camp Director(s) maintain the right not to honor a request.
4. Campers needing to leave the campgrounds must have written permission by parent or guardian with the registration form. The information needed is: The individual picking the camper up, and date and time leaving and returning. (The responsible adult/guardian will have to sign out and back in each time you leave and return to camp.)

CAMP FEES: Children's Camp fees are \$125.00 per person (does not include snack shack money). All camp fees must be turned in before camper can stay at camp! All Camp Staff fees will be paid by the LLBA.

SNACK SHACK AND EXTRA MONEY: Each camper may bring money (suggested no more than \$20) for the week at the Snack Shack. Grand Oaks t-shirts and hats will be for sale in the Snack Shack as always, and campers can bring extra money to purchase those if desired. Each child will be responsible for their own money.

CABIN LEADERS: A criminal background check must be performed for those 18 and older before attending camp as a camp worker. A separate form is enclosed for background checks. Leaders must be 18 years old or older for Children's Camp. Assistant Cabin Leaders (CIT's) for Children's Camp must be at least 15 years old or older.

CAMP STAFF ORIENTATION AND TRAINING: For Children's Camp this will be on **Monday June 17, 2024, at 11:00am**. All Cabin Leaders, Assistant Cabin Leaders, and Camp Staff **MUST** attend this meeting. Lunch will be provided.

MEDICATION WHILE AT CHILDREN'S CAMP: All medication must be brought to camp in the original container, under a current prescription, and with current instructions. **All medications** with the exception of emergency drugs, i.e. asthma inhalers and epi-pens, shall be turned into the Camp Nurse at registration. Instructions for medication must be filled in on the registration form for campers and staff. Medication will be administered only by the camp nurse daily and returned to the camper the morning of the last day of camp. **Any camper not turning in his or her medication at registration will be asked to leave the camp and will not be allowed to return for that year's camp. Staff personnel are asked to abide with this rule as well.**

REGISTRATION AT CAMP: Will be held at the Dining Hall and will begin **NO EARLIER** than 1:30 PM Monday afternoon. ***Please do not come before this time as Camp Staff will still be in Orientation and Training!***

1. One person from each church should be responsible for the registration of all campers from their church. All camp fees must be turned in before camper can stay at camp!
2. Following registration, each camper will be responsible to his or her Cabin Leader. Each camper must see the nurse for a head lice check before going to their cabin. The camper will be taken to their cabin by their Leader or Assistant Leader.
3. All Cabin Leaders: please be at the Dining Hall by 1:15 to take responsibility for your campers as they arrive, and to transport them/their belongings to the cabin. CIT's will be posted in the cabin to help campers get settled as Cabin Leaders bring them.
4. Camp closes at **10:00am on Friday morning. Please have someone here to pick up your campers at this time (NO SOONER AND NO LATER)!!**
5. The Cabin Leader and CIT is responsible for their campers until they are picked up by a responsible person from their church or family at the end of camp.

WHAT TO BRING TO CAMP:

Each Camper will need sheets and blanket and/or sleeping bag, pillow, and any other bedding.

1. Campers will need jeans, shirts, appropriate shorts, appropriate swimsuits*, sleep wear, underclothes, jacket or sweater, tennis shoes (or closed-toed shoes), flip-flops (for shower/pool only), bath towels, wash cloths, toothbrush, toothpaste, and other toilet articles as needed.
**Some one-piece suits, even though covering all, when they get wet reveal more than is appropriate.*
2. It is highly recommended that all clothing be marked/labeled with the name of the camper.
3. Miscellaneous: Bible, pencil, camera, flashlight, insect repellent, suntan lotion, umbrella, medications, and money for Grand Oaks t-shirts/hats.

WHAT NOT TO BRING TO CAMP:

1. Do not bring weapons of any kind – this includes pocketknives!
2. Do not bring electronic devices such as cell phones/pagers/Game boys/Nintendo DS/Switch/CD/mp3 players/radios/tablets, iPads, Apple/Smart Watches, etc. They will be confiscated. Cabin Leaders and/or CIT's will have mobile phones for emergency use.
3. Do not bring any fireworks, lighters, matches, or any fire-starting device.
4. Do not bring any tobacco, alcohol, or drugs of any kind (with the exception of asthma inhalers and epi-pens). Otherwise, please follow camp guidelines (see **Medication** section above). If any prohibited substances are discovered, the camper(s) will be sent home, and the appropriate law-enforcement authorities may be alerted.

Questions concerning camp may be directed to Donna Zell at the Associational Office 660-938-4294 or Director Brandi Wright at 660-413-4600.

Grand Oaks Camp phone is 660-646-6477. (Please call **only** if it is an emergency.)

The LLBA Camp Leadership requests that parents check their children for head lice, or any other contagious diseases or infections, before sending them to camp.

**Linn-Livingston Baptist Association and Grand Oaks Baptist Assembly
will not be responsible for any lost, stolen, or misplaced items, including money.**

**PLEASE NOTE: LEFT OVER CLOTHING, TOWELS, ETC WILL BE DISCARDED OR DONATED
TO CHARITY ONE WEEK AFTER THE CONCLUSION OF CAMP!**