



PO Box 286 Marshfield, MO 65706
Mitch Fisher, Director of Missions
Alex Hamilton, Camp Director

Dear Camp Families,

Planning is well under way for our 2017 Association Camps. As we begin the registration of campers, there are a few things that we are asking your help with.

1. Please note some minor changes to the camp schedules as to starting and ending times/days. Also note that registrations will be accepted up to the start of camp, but at an increased fee so that we can make last minute preparations and adjustments as necessary.
2. You might notice a few less pages in your registration packet. In order to keep the best information available, we will send a detailed packet to each registered camper two weeks before camp starts. This will include a packing list, a bus schedule, contact information etc...
3. We have a new medication policy this year. If your camper is on a prescription medication that they will bring to camp we require the following; a: the medication must be in the original prescription bottle with dosing directions and b: only send the amount of medication needed for the days of camp.
4. If your church is sponsoring a camper with any special needs that will require special staff support, it is absolutely necessary that they be registered by the early bird deadline. These limitations might be physical, medical, mental or emotional. As an association, we are not specialists in the care of special needs children and we will need time to get trained and prepared to meet the needs of each camper. If a camper is in need of one-on-one support, we request that the family or the sponsoring church provide an adult caregiver to attend camp with the camper (at no cost) and attend to their unique needs as they participate in camp activities.

It is also important that each church and family understand that if we as Association/Camp staff do not feel that we are able to adequately support/supervise or protect any camper, we will have to make the decision to send them home. We hope and pray that with adequate time and training we will be able to provide a valuable camp experience to every camper we register. Please join us to make this hope a reality.

Webster County Baptist Association

2017 Camp Registration

choose your camp:

_____ **Children – July 9-12, 2017** (Grades 3-5 – 2016/17 School Year)

_____ **Middle School - July 12-15, 2017** (Grades 6-8 – 2016/17 School Year)

Please complete this form and return with appropriate fee to:

Webster County Baptist Association
P.O. Box 286
Marshfield MO 65706

DATE: _____

Early Registration Fee (Prior to June 2) **\$90.00**

Late Registration Fee (After June 3 and before June 30) **\$95.00**

Final Registration Fee (After June 30 to the start of camp) **\$125.00**

Name _____

Parents _____

Full Address _____

City, State & Zip _____

Home Phone _____ Alternate Phone _____

Grade In School (2016/17 School Year) _____

Birthdate _____ Gender **Male** **Female**

Sponsoring Church _____

Size of T-Shirt Needed (Circle Size) - Youth/Children S M L Adult S M L XL

I give my permission for my son/daughter to swim in the pool on the campgrounds.

YES NO (Circle One)

SWIM TEST WILL BE REQUIRED TO SWIM IN DEEP PART OF POOL

I the undersigned parent/legal guardian of _____
do hereby give my permission for my son/daughter to attend camp the dates indicated
above at the Laclede Baptist Camp located at Stoutland MO. We have read the attached letter and agree to
cooperate with Association Camp policies.

Signature of Parent or Guardian _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

EMERGENCY INFORMATION (Must be fully completed)

Relative or Friend other than parents: _____

Home Phone _____ Alternate Phone _____

Family Physician _____

Office Phone _____ Home Phone _____

Family Insurance _____ Policy # _____

ARE THE CAMPER'S IMMUNIZATIONS UP TO DATE? YES NO

PLEASE LIST ANY CHRONIC HEALTH CONDITIONS: _____

PLEASE LIST ALL ALLERGIES: _____

PLEASE LIST ANY ISSUES THAT WILL REQUIRE SPECIAL STAFF CONSIDERATION: (ie: diet, physical limitations and developmental issues. All campers in need of special accommodations must be registered prior to the early bird deadline so proper preparations can be made) **Please note that any camper who arrives at camp with any special needs that the staff are unprepared for or unable to properly manage, will be sent home at the discretion of the Camp Director and Association Staff.

PLEASE LIST ALL MEDICATION:(Must be given to camp nurse)

PERMISSION FOR EMERGENCY TREATMENT AND RELEASE

My permission is granted for the Camp Director, Assistant Director, or other staff person in charge to obtain necessary emergency medical attention in case of sickness or injury to my child. I understand this will be done only after every attempt has been made to contact the undersigned person.

I the undersigned do also hereby verify that the above information is correct and I do hereby release and forever discharge the Webster County Baptist Association, all camp staff members, and the (Sponsoring) _____ Church free from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while my son/daughter is participating in camp as described on the reverse side of this form.

DATE _____

Signature of Parent or Guardian