

Webster County Baptist Association
Youth SLAM Registration - April 26 to 28, 2019
Freshman to College Age 20

*Return forms & fees to the WCBA at PO Box 286, Marshfield MO 65706
Youth groups can mail one check to cover all registration fees.*

Early Registration Fee for students/adults is \$60 until April 1st. After April 1st Registration fee is \$75.
All forms and money needs to be turned in by April 12, 2019

Date: _____ Students Name: _____

Street Address _____ City _____ State _____ Zip _____

Date of Birth _____ Student's cell # _____ Gender Male Female

T-Shirt Size (adult sizes) Small Medium Large XL 2 XL 3 XL 4 XL

Sponsoring Church: _____

Parent or Guardian Name: _____ Phone #: _____

Parent or Guardian Name: _____ Phone #: _____

Emergency Contact Information

Relative or Friend other than parents: _____ Phone #: _____

Insurance: _____ Policy # _____ Hospital: Cox Mercy

Are Students Immunizations up to date? Yes No

List of all Medication: _____

List of all Medical Conditions: _____

Any allergies to food or medicine: _____

PERMISSION TO ATTEND

I the undersigned parent/legal guardian of (student) _____ do hereby give my permission for my son/daughter to attend Youth SLAM the dates indicated above at Camp Niangua located at Niangua MO.

Signature of Parent/Guardian _____ Date: _____

Code of Conduct – Student please read & sign

I, (student) _____ understand and agree to abide by all camp rules. I accept that if I breach or infringe any of the camp rules/codes of conduct, whether verbal or physical, that I may be excluded from the camp. My parents/guardians will be required, at their expense, to arrange for me to be collected immediately.

Signature of Student _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

PERMISSION FOR EMERGENCY TREATMENT AND RELEASE OF LIABILITY

My permission is granted for the Webster County Baptist Association 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 above.

Signature of Parent/Guardian _____ Date: _____

PLEASE LIST ANY ISSUES THAT WILL REQUIRE SPECIAL STAFF CONSIDERATION: (ie: diet, physical limitations and developmental issues. All students in need of special accommodations must be registered prior to the early bird deadline so proper preparations can be made) **Please note that any student 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 Association Staff.

Accepted by WCBA Staff Person