

CAMPER REGISTRATION

Judson Baptist Camp - July 23-29, 2023

Name: _____ [] Male [] Female
Address: _____ Age at camp: _____
_____ Last Grade Completed: _____
Church: _____ Has camper been baptized? [] Yes [] No
Do you give your child permission to swim in the pool with lifeguard supervision? [] Yes [] No
Do you grant Judson Baptist Camp permission to use your child's likeness in a photograph and/or video including web-based promotional publications? [] Yes [] No
Do you grant Judson Baptist Camp permission to contact your child via mail and social media? [] Yes [] No

Parent / Guardian Authorization: I agree to the above confirmed decisions. I understand that all reasonable precautions will be taken for safety at all times. I further release Judson Baptist Camp, Judson Baptist Camp Board, Upshur County Youth Camp, and all persons associated with this organization from any liability associated with any accident, injury or disease to the person who is subject of this form. Campers are not allowed to have phones in camp. They will be confiscated.

Signature of Parent/Guardian _____ Date _____

Print Name _____ Cell (____) _____ Work (____) _____ Home (____) _____

Cabin Buddy request (limit 2): _____

Children under the age of 9 years, and children with special needs/accommodations must be accompanied by a responsible adult. Responsible Adult's Name: _____ Relationship: _____

Responsible Adult's Signature: _____

Judson Baptist Camp Fee Schedule

Children under 2 years old are Free

Ages 2-5 will pay \$72 (by June 30)

Ages 2-5 will pay \$77 (after June 30)

Ages 6 and older will pay \$145 (by June 30)

Ages 6 and older will pay \$155 (after June 30)

Per camp policy, there will be no refunds after camp begins Monday morning.

Make Checks Payable to: Judson Baptist Camp

Send completed registration form, medical history, and fee to:

Jennifer Britvec-Simmons
183 McCormick Hollow Rd.
Morgantown, WV 26508

CAMP REGISTRAR USE ONLY:

[] Parent Pd Cash/Check # _____

Amount Paid \$ _____

[] Church Paid Check # _____

Church _____

Amount Paid \$ _____

[] Medical Form

[] Scholarship

Assigned Cabin _____

Please Note: EVERYONE must be checked by our nurses before registering or entering cabins. After being discreetly cleared, anyone registering will receive a wristband and those entering cabins to help set up will get a hand stamp. You may then proceed to the registration table.

BACKGROUND/LEGAL INFORMATION (Only for Campers who are 18 years and older)

Have you ever been convicted of a felony? YES NO If yes, Please provide the offense and date of conviction: _____

Has there ever been a CPS finding against you for abuse and/or neglect? YES NO

Are there any open CPS investigations, of which you have been accused of abuse and/or neglect? YES NO

Important Information for Parents and Staff

- Camper registration will run from 3-6pm on Sunday. We ask that the campers bring their own food for dinner on Sunday evening. The first scheduled meal will be breakfast on **Monday morning**.
- **Any participant without a completed Health Form WILL NOT be allowed to stay at camp.**
- A valid driver's license will be required to sign any camper out of camp. Please bring one with you to check in or out any campers.
- Cell phones and electronic devices will be confiscated if seen in camp. Please leave them with your parents and bring a camera or alarm clock if desired. (Medical exemption will be granted by nurses)
- If at any point during camp you have a fever or are vomiting, your emergency contact will be called to come take you from camp. If you have an underage camper, they will need to go with you or transfer their responsibility to another adult.
- If your child has a contagious condition (this includes pink eye, lice, MRSA, fever, etc.) please do not bring them to camp. A full refund will be issued. Refunds will NOT be given once camp begins.
- If you need to contact your child during camp, the caretaker's number is (304) 924-5356.
- Everyone must be checked by our nurses before they can be registered. After being discreetly cleared you will receive a wristband and proceed to the registration table. If a parent or friend plans to enter the cabin to help set up, they must also be cleared and receive a hand stamp. **No one is allowed into a cabin without a wristband or hand stamp.**
- Make sure to put cabin buddy requests on your registration form because there will be **NO** cabin changes the first day.
- Please arrange to pick up children by **9:00 am on Saturday**.

| What To Bring | What NOT To Bring |
|---|---|
| <p>(We highly recommend labeling all items)</p> <p>Medical Form</p> <p>Bible, Pencil, Paper</p> <p>Personal toiletry items</p> <p>Bath towel, Pool towel and Washcloth</p> <p>Bed linens or sleeping bag with fitted sheet</p> <p>Flashlight, Umbrella, Jacket</p> <p>Sufficient clothing for the whole week (<u>nothing inappropriate: no crop tops or deep cut sleeveless t-shirts</u>)</p> <p>Shoes</p> <p>Swimsuit</p> <p>WHITE T-shirt to wear in pool that will cover bathing suit</p> <p>Old T-shirt (any color to wear on the waterslide)</p> <p>Bag for wet/dirty clothes</p> | <p>Cell phones, iPads, laptops, walkie-talkies</p> <p>Unessential expensive items</p> <p>Shaving Cream (unless you are an adult)</p> <p>Footballs</p> |
| | <p style="text-align: center;">Optional Items To Bring</p> <p>Spending Money for Canteen Time (\$20 buys A LOT of candy)</p> <p>Money to purchase Camp t-shirt (approx. \$10)</p> <p>Extra shoes and socks, Rain boots</p> <p>Shower shoes</p> <p>Money for Camp offering (Thursday Evening)</p> |

Judson Baptist Camp-Camper

PERMISSION FOR EMERGENCY TREATMENT AND HEALTH HISTORY

Please fill out this form as completely as possible. Campers are not singled out, made to feel embarrassed or treated differently because of information gathered from the health form. Rather, the more we know ahead of time, the easier it is to help your child have a successful experience at camp. Thank you! Please mail or bring this form to camp on your day of arrival. **Every camper must have a completed health form to participate in any camp programs.**

SECTION I - BASIC CONTACT INFORMATION

Name _____ Birthdate _____ Age at Camp _____
Last First Middle

Home Address _____
Street Address City State Zip Code

Gender: [M] [F]

Camper lives with: Both Parents Mother Father Grandparent Other: _____

Custodial Parent/Guardian _____ Phone _____

Home Address _____
Street Address City State Zip code

Father's Place of Employment _____ Work Phone _____

Mother's Place of Employment _____ Work Phone _____

Father's Cell _____ Mother's Cell _____

1) If not available in an emergency, notify _____
Relationship _____ Phone _____ Cell _____

2) If not available in an emergency, notify _____
Relationship _____ Phone _____ Cell _____

Family Physician Name _____ Phone _____

Dentist / Orthodontist Name _____ Phone _____

Date of last tetanus shot: _____

Parent / Guardian Authorization: This health history is correct and complete as far as I know and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and that failing to reach me, all reasonable attempts to contact the alternates listed above will be made. I understand that all reasonable precautions will be taken for safety at all times. I further release Judson Baptist Camp, Judson Baptist Camp Board, Upshur County Youth Camp, and all persons associated with these organizations from any liability associated with any accident, injury or disease to the person who is the subject of this form.

Signature of Parent/Guardian _____ Date _____

SECTION III - INSURANCE INFO: Is the camper covered by medical/hospital insurance? YES NO

If so, carrier or plan name _____ Group # _____

Carrier Address _____

Address for Claims _____

Policy Holder's Name _____ Relationship to participant _____

Policy Holder's Insurance ID # _____ Employer _____

SECTION IV - MEDICATIONS AND RESTRICTIONS

(Medications include prescription, over-the-counter, vitamins, inhaler, etc.)

Will the camper be taking medication while at camp? [Yes] [No]

If the camper will be taking medications while at camp, please list all (prescription and non-prescription). Include the medication name, prescribing physician, physician's phone number, and dosage instructions. Use an additional sheet if needed. **When you check-in at camp, please provide all medications in their original packaging that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and frequency of administration.**

| NAME OF DRUG | DOSAGE AMT. | TIMES GIVEN | TOTAL DAILY DOSE | REASON FOR MEDICATION | PRESCRIBING PHYSICIAN | NOTES |
|-------------------|-------------|-------------|------------------|-----------------------|-----------------------|------------|
| Example: Mellaril | 50mg | 8am & 5pm | 100mg | Behavior | | Crush pill |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Identify any medications the camper takes during the school year that the camper does not/may not take during the summer: _____

Health Conditions that need special consideration _____

Special Instructions or Considerations for Treatment of Minor Illness: *(Unless specific instructions are provided, camp health care staff will treat minor illnesses with over-the-counter medications. If illness persists, parents will be notified.)* _____

Over-the-counter medications: Check one:

I grant permission for the camp health staff to administer:
Non-Aspirin, Aspirin, NSAID(Ibuprofen/Advil/Motrin), Maalox, Imodium, Pepto-Bismol, Benadryl, Cough Medicine

I do NOT grant permission for the camp health staff to administer over-the-counter medication to my child.

Parent Signature for over-the-counter administration _____

SECTION V - ALLERGIES:

NO, Camper has no allergies [] YES, Camper is allergic to: _____
Describe reaction severity and treatment plan: _____

*****Any change to this form should be provided to camp health personnel upon camper's arrival in camp.*****

CAMPER CHECK-OUT INFO

Camper: _____

Parent/Guardian: _____

Will another adult be picking up your child from camp? YES NO

Adult who will be picking up camper: _____

Relationship: _____ Phone Number: _____

Other campers who will be leaving/riding with your camper:

List any persons who are NOT permitted to check-out your child:

Parent/Guardian Signature: _____

STAFF USE ONLY: was this information verified by staff at Registration?: _____

DAY OF CHECK-OUT (STAFF USE)

Date: Saturday Time: _____

Other: _____

(No campers are permitted to leave camp without speaking to the Director or Board member first.)

Counselor: (print) _____ (sign) _____

Other campers leaving in same vehicle: _____

Name of Adult Picking up Camper : _____

Drivers License #: _____ Signature: _____