Staff Form
BLBA Summer Camp
June 25-30, 2023

NAME: ____DATE OF BIRTH:__________________

LAST NAME FIRST NAME

ADDRESS: ____

STREET ADDRESS CITY COUNTY STATE ZIP

GENDER: □MALE □FEMALE EMAIL ADDRESS: ____

HOME PHONE: ___________________________________ CELL PHONE: ___________________________________

CHURCH INFO: ____

NAME AND CITY OF CHURCH YOU REGULARLY ATTEND

***CHURCH RECOMMENDATION:** ____

SIGNATURE OF DESIGNATED DEPT. PASTOR, DEACON, OR TRUSTEE

*RECOMMENDATION BY CHURCH OFFICIAL **MUST** BE COMPLETED BY YOUR HOME CHURCH TO BE ACCEPTED AS CAMP STAFF

CURRENT BACKGROUND CHECK ON FILE? □**YES** □**NO** __________________

INITIAL OF CHURCH OFFICIAL

PLEASE LIST THE NAMES OF YOUR IMMEDIATE FAMILY MEMBERS ATTENDING CAMP:

FAMILY MEMBER #1 ____

NAME AGE GRADE

FAMILY MEMBER #2 ____

NAME AGE GRADE

FAMILY MEMBER #3 ____

NAME AGE GRADE

FAMILY MEMBER #4 ____

NAME AGE GRADE

PLEASE NOTE WHAT AREAS OR ROLES YOU WOULD LIKE TO WORK AT CAMP. PLEASE LIST ANY ACTIVITY LIMITATIONS THAT SHOULD BE MADE KNOWN TO THE CAMP DIRECTOR

____

____

____

NOTE: Plan to report at Camp Bird for orientation/preparation/set-up on Sunday, June 25 at 3:00 P.M. There will be a mandatory meeting at 3:30, June 25, at Camp Bird. Camp ends at 2:00, Friday June 30. We need to clean the camp before we leave. Please do not plan to leave camp before 2:00 or 2:30. Extra help is needed in the kitchen on Friday, especially after lunch.

Registration cost:

$30.00 for Staff Members

$125.00 for Immediate Family Members of Camp Staff

$20.00 for Preschoolers of staff

Donations are welcome. Talk to your church about scholarships.

Be sure to fill out "Camper" Registration forms for your children and preschoolers attending camp and mail along with your forms.

Please send your completed Registration form and check payable to BLBA with "camp" in memo to:

Bay Lakes Baptist Association,
1907 N. Gillett St., Appleton, WI 54914

For information contact Joe Kelly – CampBLBA@gmail.com or 920-205-4571

Photo release (optional) ❑ yes_______❑ no

Staff Form, BCBA Summer Camp
June 25-30, 2023

MEDICAL INFORMATION:

NAME:

______________________________________DOB:____________
LAST NAME FIRST NAME DATE OF BIRTH

ADDRESS: ____
STREET ADDRESS CITY STATE ZIP

EMERGENCY CONTACT NAME: ______________________________ PHONE: ______________

OTHER CONTACT NUMBERS IN THE EVENT OF EMERGENCY:

________________________________ ________________________________
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

____
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 me, in the event of minor illness or injury as directed by the Camp Nurse.

____
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 CampBLBA@gmail.com

Medications: Please list meds routinely taken:

*All medication Must be turned into the camp nurse at the start of camp.

Medical Consent: I give my consent to undergo medical treatment for any injury or illness I may sustain or acquire as deemed appropriate by the Camp Nurse. In the event that serious medical procedures are required, such as surgery or other invasive procedure, I authorize any duly licensed medical practitioner to perform any medically necessary procedures and administer medication.

Signature: ______________________________ Date: ____________