

CAMPER FORM
BLBA Summer Camp
June 25-30, 2023



NAME: _____ AGE: _____ GRADE: _____
LAST NAME FIRST NAME AGE ON JUNE 25 GRADE ENTERING THIS FALL

ADDRESS: _____
STREET ADDRESS CITY COUNTY STATE ZIP

GENDER: MALE FEMALE EMAIL ADDRESS: _____

PARENT'S NAME: _____ HOME PHONE: _____

CHURCH INFO: _____
NAME AND CITY OF CHURCH GROUP YOU ARE ATTENDING CAMP WITH

NAME AND CITY OF CHURCH YOU REGULARLY ATTEND IF DIFFERENT FROM ABOVE

LIST THE NAMES OF FRIENDS ATTENDING CAMP YOU MIGHT LIKE TO SHARE A CABIN WITH:
FRIENDS MUST BE WITHIN 1 GRADE LEVEL AND MUST BE IN SAME AGE GROUP (ELEMENTARY, MIDDLE, OR HIGH SCHOOL)

Children's Camp: 2nd - 6th grade
Jr. High Camp: 7th - 9th grade
Sr. High Camp: 10th - 12th grade

PLEASE NOTE ANY INFORMATION OR ACTIVITY LIMITATIONS THAT SHOULD BE MADE KNOWN TO YOUR CHILD'S CABIN LEADERS.

Registration cost:
 \$150.00 before May 15, 2023
 \$220.00 June 5, 2023
 \$250.00 after June 5, 2023

Payment and registration must be postmarked by above dates to be accepted in above price brackets.

Talk to your church about scholarships. 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

For Office Use:

Camper	Camper of staff	Preschool
Payment: Date _____	Amount _____	
Date _____	Amount _____	

NOTE: Please make arrangements to deliver your child to camp on Sunday, June 25 at 4:00 P.M. and pick them up Friday, June 30 at 2:00p.m.

Camper Form, BLBA Summer Camp

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MEDICAL INFORMATION:

NAME: _____ AGE: _____ DOB: _____
LAST NAME FIRST NAME AGE ON JUNE 25 DATE OF BIRTH

ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

PARENT'S NAME: _____ HOME PHONE: _____

OTHER CONTACT NUMBERS WHERE PARENTS CAN BE REACHED:

NAME PHONE NUMBER WORK/CELL/OTHER

NAME PHONE NUMBER WORK/CELL/OTHER

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

Please list meds routinely taken:

Drug Name Reason or Purpose

Drug Name Reason or Purpose

Drug Name Reason or Purpose

Allergies:

Please list allergies and note reaction type.

Insurance Information:

 Insurance Company

 Policy Number

 ID or Subscriber Number

Over the Counter Medications: I give permission for the administration of over the counter medications*, such as Ibuprofen, Tylenol, Benadryl, antacids, etc. to my child in the event of minor illness or injury as directed by the Camp Nurse.

 Parent/Guardian 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:

Parental Consent: I give permission for my child to participate in this event and to undergo medical treatment for any injury or illness he/she may sustain or acquire. In the event that serious medical procedures are required, such as surgery or other invasive procedure, I understand that attempts will be made to contact me. In the event of an emergency, I authorize any duly licensed medical practitioner to perform any medically necessary procedures and administer medication.

Signature of Parent or Guardian: _____ Date: _____