



## Gilead Kids Camp 2022

Sunday, June 5 – Wednesday June 8

### Registration Form

Camper's Name: \_\_\_\_\_

M/F \_\_\_\_\_ Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade during 2021-2022 School Year: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Name of Parent/Guardian(s): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Cell Phones: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Church (if applicable): \_\_\_\_\_

Has camper attended Camp Gilead before? \_\_\_\_\_

**List of allergies, dietary restrictions, medical concerns and/or other special needs:**

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#### PAYMENT INFORMATION

- Cost of camp is **\$90.00** per person.
- Electronic payments can be made on Venmo @GileadBaptist-Church or [www.gileadbc.com](http://www.gileadbc.com) Contact Us page by clicking "Online Giving".
- Price will increase to \$100.00 if not paid by May 1.
- Make check payable to **Gilead Baptist Church Kid's Camp**.
- If mailing in registration form and payment:

Gilead Baptist Church 42 Booger Hill Rd. Danielsville, GA 30633

## MEDICAL RELEASE INFORMATION

Camper/CIT Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is camper covered by family medical/hospital insurance? \_\_\_\_ Yes \_\_\_\_ No Date of last tetanus shot \_\_\_\_\_

If so, indicate carrier of plan name \_\_\_\_\_ Group # \_\_\_\_\_

**\*\*\*\*\*PLEASE ATTACH PHOTOCOPY OF FRONT AND BACK OF HEALTH INSURANCE CARD TO THIS FORM\*\*\*\*\***

In case of emergency, contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ Cell \_\_\_\_\_

In the case of an emergency, may Gilead Baptist Church seek medical treatment for your child? \_\_\_\_ Yes \_\_\_\_ No

If yes, list hospital of choice: \_\_\_\_\_

**ALLERGIES** – List all known (attach additional pages if needed)

\*Medical Allergies \_\_\_\_\_

\*Food Allergies \_\_\_\_\_

\*Other Allergies \_\_\_\_\_

### MEDICATIONS

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. ALL medicine must be turned in to the camp nurse upon arrival.

\_\_\_\_\_ Camper takes NO medications.

\_\_\_\_\_ This camper takes medications as follows:

- Medicine #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Times Taken \_\_\_\_\_

Reason for taking \_\_\_\_\_

- Medicine #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Times Taken \_\_\_\_\_

Reason for taking \_\_\_\_\_

If camper complains of illness, he/she can take (check all permissible):

\_\_\_\_\_ Acetaminophen (Tylenol) \_\_\_\_ Ibuprofen (Advil) \_\_\_\_ Benadryl \_\_\_\_ Cough Syrup (Robitussin) \_\_\_\_ Tums \_\_\_\_ Pepto

### RESTRICTIONS

Please list any restrictions to activity or diet for this camper. \_\_\_\_\_

### RELEASE STATEMENT

*(must be signed and completed)*

#### PARENT/GUARDIAN AUTHORIZATION & LIABILITY RELEASE

The person described has permission to engage in all camp activities. I hereby give permission to the camp to provide routine health care, supervise self-administered prescribed medications and seek emergency medical treatment. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to Gilead Baptist Church to arrange necessary transportation for 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. I hereby release and discharge Gilead Baptist Church, its officers, leaders and volunteers from any claims, causes of action, cost, obligations or financial responsibility resulting from or arising out of any incident, injury or accident occurring while this camper is attending church camp.

Signature of Parent/Guardian \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

#### PHOTO RELEASE

I give Gilead Baptist Church permission for any photos and/or videos taken of myself or my child for the duration of the stay at camp to be used at the Church's discretion in any of their promotional venues.

Signature of Parent/Guardian \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

**This form must be filled out completely and include a copy of the camper's insurance card.**