

ROCKIN' INSOMNIA LOCK-IN 2011

Strasburg Baptist Church
304 W. Mill
Strasburg, MO 64019

Registration form and
money deadline is:
November 12, 2011

Completed grades 6 through 12

Parent/Guardian please complete in ink:

NAME: _____
(last) (first) (middle)

ADDRESS: _____
(number & street) (city) (state) (zip)

PHONE: (____) _____ Cell Phone: (____) _____

CHURCH: _____ CHURCH MEMBER? __Yes __No

PARENT'S NAMES: _____

FATHER'S WORK #: (____) _____ MOTHER'S WORK #: (____) _____

DOES CAMPER HAVE ANY PHYSICAL DISABILITIES: __Yes __No

EXPLAIN: _____

YOUR GRADE COMPLETED: _____ AGE: _____ BIRTH DATE: _____

Cost of Rockin' is \$20 and is due with this form mailed to Blue River-KC Baptist Association, 4041 NE Lakewood Way, Suite 260, Lee's Summit, MO 64064, marked to the ATTENTION OF ANGELA ALLARD YOUTH ON MISSION/ACTEENS DIRECTOR. REGISTRATION DEADLINE IS NOVEMBER 12, 2011. Checks should be made payable to "STRASBURG BAPTIST CHURCH".

Registrations at the door will be excepted however the fee will be \$30

No refunds can be made, but transfers to another person are allowed. Paid: _____

PLEASE COMPLETE THE REVERSE SIDE BEFORE MAILING

Date _____

Office use only:
Medications: _____
Cabin: _____
Counselor: _____

CAMPER'S NAME: _____

IN AN EMERGENCY, NOTIFY, IF PARENTS UNAVAILABLE:

1. _____ Phone: _____
2. _____ Phone: _____

I, _____, having legal custody of _____
(Name of parent or legal guardian) (Name of minor)

who resides with me at the listed address, am entrusting the care of her to the adults responsible for the camp program in which the child has been enrolled. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child. I grant my permission for my child to participate in every camp sport and activity unless listed in health history.

(Signature of parent or legal guardian) (Witness)

(Date) _____

Medical History/Conditions:

Please check all that apply. Relevant Information List medication currently taken for condition
____ Seizures/Epilepsy (type) _____
____ Asthma _____
____ Allergies (to what) _____
(If severely allergic to bee sting, is immediate injection required? _____ Will camper have this with her? _____)
____ ADD/ADHD _____
____ Heart Condition _____
____ Diabetes _____
____ Bone or Joint Disease _____
____ Hearing Problem _____
____ Other significant health problems: _____

Signature of parent/guardian completing form: _____ Date: _____

We are *required* to maintain records with proper identification and dosage of all medications we dispense

Other facts: _____

Immunizations: ____ Tetanus (Give Date): _____ ____ Measles ____ Mumps ____ Polio

IS THERE ANY REASON WHY YOUR CHILD SHOULD NOT PARTICIPATE IN THE TOTAL CAMPING PROGRAM?

____ Yes ____ No

PLEASE EXPLAIN: _____

MEDICATIONS BEING TAKEN:

All medication will be in the possession of the camp nurse. Please send medicine in original container, labeled with camper's name and instructions. NOTE: If any minor wounds occur, they will be treated with Neosporin Ointment and a Band-aid unless otherwise directed.

DOSAGES: _____

May the Camp Nurse have your permission to give one Tylenol for discomfort due to headache, ear ache, or other minor pain? ____ Yes ____ No

PERSONAL PHYSICIAN: _____

(Name and Address) (Phone)

PLEASE NOTIFY US IF CAMPER HAS BEEN EXPOSED TO ANY COMMUNICABLE DISEASES PRIOR TO CAMP

CAMPER INFORMATION

Is CAMPER a Christian? Yes ____ No ____
How many brothers and sisters does she have? ____
(List names & ages) _____
Father's Occupation? _____ Mother's Occupation? _____
Does Camper swim: ____ Yes ____ No Level: _____

Has Camper ever been to camp before? __Yes __ No If Yes, what camp? _____

Camper's Hobbies: _____

(THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED BEFORE ENROLLMENT IS ACCEPTED)