

2024 Camp Concord Registration & Medical Release Form

Parents: Please complete forms using **BLACK INK**

Return To: Camp Concord, 99 State Line Road, Clarksville, VA 23927

Make Checks Payable to: State Line Baptist Assembly (SLBA)

Camper's Name: _____ Grade completed by 6/2024 _____ Age: _____
 Address: _____ Gender: _____
 City/State/Zip: _____ Birth date: _____
 Parent/Guardian Name: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____
 Emergency contact name: _____ Phone: _____
 Camper's Home Church: _____ Pastor: _____
 Name of Physician: _____ Phone: _____
 Date of last physical: _____
 Name of Dentist: _____ Phone: _____
 Name of Orthodontist: _____ Phone: _____
 Name of Insurance Company: _____ Phone: _____
 Address: _____
 Group # _____ Policy # _____ Control# _____
 (Enclose copy of insurance cards if possible)

Enroll me for the following camp week(s) - Check all that apply.

Check Here	Camp Week	Dates	Grades	Cost
<input type="checkbox"/>	Day Camp	June 1	Pre-K - 1st	\$ 25
<input type="checkbox"/>	Girls Week - Grades 6-8	June 9-12	6-8	\$ 75
<input type="checkbox"/>	2nd/3rd Grade - Week 1	June 16-19	2-3	\$ 75
<input type="checkbox"/>	Young Ladies Retreat	June 21-23	8-12	\$ 40
<input type="checkbox"/>	Boys Week - Grades 6-8	June 23-26	6-8	\$ 75
<input type="checkbox"/>	2nd/3rd Grade Overnight	June 28-29	2-3	\$ 40
<input type="checkbox"/>	Youth Week - Grades 6-12	July 7-10	6-12	\$ 75
<input type="checkbox"/>	Girls Week - Grades 4-5	July 14-17	4-5	\$ 75
<input type="checkbox"/>	2nd/3rd Grade - Week 2	July 21-24	2-3	\$ 75
<input type="checkbox"/>	Boys Week - Grades 4-5	July 28-31	4-5	\$ 75
<input type="checkbox"/>	Father/Son Weekend	Aug. 2-3	All Ages	\$ 25

Camper's may request placement in a cabin with up to 2 friends. Friends must be in the same age/grade level.

These requests are honored as possible, but are not guaranteed. Please do not request bunk changes upon arrival at camp. Friend # 1: _____ Friend # 2: _____

T-Shirt Size (circle) Yth S Yth M Yth L Adult S Adult M Adult L Adult XL Adult 2XL

Does camper tend to become homesick? [] Yes [] No

Additional information you want us to know about this camper _____

OFFICE USE ONLY

Date received: _____ Amount Received: _____ Balance Due: _____
 Date payment rec'd: _____ Payment Received: _____ Balance Due: _____
 Date payment rec'd: _____ Payment Received: _____ Balance Due: _____

Are camper's immunization records up-to-date? _____ Date of last tetanus _____

Health History (Check those that apply. Give approximate dates).

_____ Frequent Ear Infection	_____ Psychiatric treatment
_____ Heart defect/Disease	_____ Mononucleosis
_____ Convulsions	_____ Anorexia
_____ Diabetes	_____ Bulimia
_____ Bleeding/Clotting Disorders	_____ Asthma
_____ Hypertension	_____ *ADD
_____ Epilepsy	_____ *ADHD
_____ Other	
	Childhood Diseases
	_____ Chicken Pox
	_____ Measles
	_____ German Measles

*** If this camper is diagnosed with ADD or ADHD, please attach a sheet describing the camper's routine, medications, and methods which have been effective in helping the camper manage in a structured environment.**

Allergies: _____ hay fever _____ poison ivy/oak _____ insect stings _____ penicillin _____ other _____
 _____ Food Allergies _____

Treatments needed: _____

Dietary modifications: _____

Operations/Serious injuries (dates): _____

disability, chronic or recurring illness: _____

Any specific activities to be encouraged or limited by physician's advice: _____

Current Medications (BRING ORIGINAL BOTTLE)

Medication	Time(s)	Dosage	Reason Given

For females: Has this person menstruated? _____ If yes, is her menstrual history normal? _____

Special considerations: _____

Please list over-the-counter medications that you authorize to be given to your child for the ailments listed below (you do not need to send over the counter medications - they are kept on hand)

Headache _____ Insect stings (other than Benadryl) _____

Stomach Upset _____ Cramps _____

Other _____

Suggestions or health related information for camp personnel: _____

Medical Release and Activity Permission Form

Please read carefully and sign where indicated

Parent/Guardian Authorization

Please read each of the items below.

INITIAL those items that you authorize.

_____ During the summer, we shall take photos and video footage that may be used for promotional purposes. I give authorization for, and release all rights to, the making and use of any photos and/or videos of my child for camp promotional purposes. Such use may include posting photos on our website. Names will not be posted.

_____ As a part of the camping program, off-site "trip" activities may be included in the week's activities. It is camp policy that medical and emergency information and release forms accompany all groups traveling off-site. I give authorization for my child to travel off-site under the supervision of camp personnel.

_____ I give permission for my child to swim. List restrictions _____

Note: Certified Lifeguard on duty during swim times. Life jackets are not provided by camp for swimming.

_____ I give permission for my child to participate in archery during the week. Safety rules will be posted and followed during the week with a trained archery instructor.

_____ I give permission for my child to go tubing under supervision of camp personnel.

Note: Life jackets are provided and required for all persons on board boat and tubing. Campers may bring their own life jacket if they wish.

_____ I give permission for my child to ride canoes, kayaks, and paddleboats.

Campers will be accompanied by trained personnel at all times. Life jackets are required for all persons canoeing and paddle boating. Note: Life jackets are provided but campers may bring their own life jacket if they wish.

_____ The health history provided for the camper listed above is correct so far as I know. He or she has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the camp to provide ongoing health care, to select medical personnel and to order X-rays or routine tests or treatment for the person listed above. Emergency authorization: In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Manager, Camp Director or other Camp Personnel to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for the person named above.

My authorization is hereby given for all items initialed above. In giving my permission, I understand that the staff will do everything possible to keep the children safe. In the event of injury incurred from camp activities, I release and hold harmless from liability State Line Baptist Assembly, Inc., Camp Concord, Staff and Volunteers, Concord Baptist Association, and all its entities.

Parent or Guardian Signature

Date

Witness (Must be 18 years old & not a family member)

Date