



Student Registration - \$15 LRBA \$20 Non-LRBA

Camp Cadiz | June 23-27, 2019

Please complete online or return to: Youth Leader/Pastor or Little River Baptist Association -149 Old Dover Road

COMPLETED GRADES 6-12

Registration Deadline: Sunday, June 3rd

PERSONAL INFORMATION

Name: _____ Date of Birth: _____ Age: _____ T-shirt Size: _____
Please indicate Y (Youth) or A (Adult)

Gender: M ___ F ___ Grade **May of 2019**: _____ Student Email: _____

Student Cell: _____ May the student send/receive texts? _____

Parent/Guardian Name(s) _____ Parent/Guardian Phone: _____

Parent Email: _____ Do you send/receive texts? yes ___ no ___

Mailing

Address: _____

Number and Street

City

State

Zip

If a parent is unable to be contacted, please list an alternate emergency contact:

Emergency Contact Name: _____ Emergency Phone Number _____

Spiritual Information: Church sponsoring means where you are currently attending. If you do not have a home church and are praying for God to lead you to the church where he wants you to serve, simply put praying.

Church sponsoring your attendance at Camp Cadiz: _____

If you were to die today, do you believe you would spend eternity in Heaven? yes ___ no ___ unsure ___

Are you comfortable speaking with someone about accepting Christ as their Savior? yes ___ no ___

Is this your first year at Camp Cadiz? yes ___ no ___

Please indicate the area you would like to serve in using the numbers 1-5 with 1 being your top choice. Please understand the types of projects received will determine the teams and placement of adult leaders.

___ VBS ___ Chores for Elderly ___ Nursing Home Ministry ___ Painting/Staining ___ Cooking/Delivering Meals
 ___ Demolition ___ Pressure Washing ___ Cleaning Gutters ___ Yard Work ___ Construction ___ Washing Cars
 ___ Random Acts of Kindness (RAK) ___

Please mark any areas talents you have or tools you have used: ___ music instruments ___ singing ___ teaching
 ___ pressure washing ___ climbing ladders ___ cleaning gutters ___ power tools ___ mower ___ weed eater

TIME AT/AWAY FROM CAMP: Camp Check-In begins **Sunday, June 23rd at 7:30PM** and concludes on **Thursday, June 27th at 9PM** both at Liberty Point Baptist Church. Campers are expected to arrive during check-in and stay the duration of camp. However, we understand there are situations where a camper will need to be away for a short period of time. This is a community-wide camp, if you need to leave from camp, your parent will need to sign you out with an adult leader and pick you up at the following times and locations. If you will be away prior to 12pm, your parent will need to check you out at Liberty Point prior to 7:45. If you will be away between 12pm & 4pm, your parent will need to check you out at the designated lunch location (TBD). If you will need to be out after 4pm, your parent will need to pick you up by 5pm at Liberty Point Baptist Church. We will discuss time & return location when you check out. If you will need to be out for work, but don't know your schedule, leave everything blank. Please mark time you know you **WILL NOT** be at camp.

	Sun 6/23	Mon 6/24	Tues 6/25	Wed 6/26	Thurs 6/27
Morning (7am - 12pm)					
Afternoon (12pm - 5pm)					
Evening (Sun 7pm – 9pm & Mon – Thurs 5pm – 9pm)					
Staying the night (9pm -7am)					

CAMP CADIZ

June 23-27, 2019

HEALTH INFORMATION:

Are you currently on medication? (medication will need to be turned in to camp medical staff on arrival): yes___ no___

Regular Medication (Name, dosage, time taken): _____

Are there any food allergies/dietary restrictions? yes___ no___ If yes, please explain: _____

Are there any health issues that might hinder your service in ANY of the work areas? yes___ no___ If yes, please explain: _____

Are you allergic to poison oak or poison ivy? yes___ no___ Are you allergic to bee/wasp stings? yes___ no___

Please list any medicines or substances not already listed that you are allergic to: _____

Have you ever stayed away from home for an extended period of time? yes___ no___ Do you sleep walk? yes___ no___

Are there any other bedtime issues Camp Leaders should be aware of?: _____

Physician & Phone Number: _____

Insurance Company: _____	Insurance Policy Number: _____	Policy Holders Name: _____
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Any other important information? _____

I hereby authorize ___/don't authorize ___ the publishing of photographs taken of me in which I may be included with others, including the surrounding areas depicted in said photographs, for use in any and all media without restriction for any private or public purpose. I also grant permission to use my name, if desired, in connection with any said publication. I further grant permission to copyright, re-use and republish photographic portraits or pictures of me. I acknowledge that since my participation is completely voluntary, neither I nor any member of my family will receive financial compensation for the use of these photographs. I also release them from any expectation of confidentiality for the use of said photographs.

I hereby affirm that I am the person listed on this form. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

As a volunteer in Camp Cadiz, I wish to make clear my understanding that the Little River Baptist Association nor my church assumes no responsibility for loss of property, damage to same, personal harm or illness that may occur. I, for myself, my heirs, executors, administrators, distribute and assigns, in consideration of my admission to volunteer service and other good and valuable considerations do hereby absolve the Little River Baptist Association and my church and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis on the forgoing.

MEDICAL RELEASE AND CONSENT

I hereby authorize church representatives to obtain or provide medical treatment for me for such injury or illness during the camp, and I hereby hold the Little River Baptist Association & Camp Cadiz leadership, as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that I may sustain physical illness or injury during camp. If this occurs, I hereby authorize the church representatives to refer me to a medical treatment center (hospital, etc). I further acknowledge and understand that I will be responsible for any medical bill that may be incurred on my behalf for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that I may sustain physical illness or injury, I acknowledge and understand that I am assuming the risk of such physical illness or injury by my participation, and I further release the Little River Baptist Association, it churches, its representatives, and any homeowners from any claims for personal illness or injury that I may sustain during the camp.

Signature of Student: _____ Date: _____

Child's Name _____ DOB _____ Age _____ Church _____

Please **INITIAL** the medications that **CAN** be administered to your child. Generics may be administered instead of name brand. Dosage will be given based on the recommendation on the medication package unless otherwise noted.

For Headache/Minor Pain/Fever: ___ Acetaminophen (Tylenol) ___ Ibuprofen (Motrin)

Dry Eye/Eye Irritation: ___ Eye Drops (Visine, Murine)

Cough/Sore throat: ___ Throat spray (Chloraseptic, Vicks) ___ menthol rub (Vick's)

___ Cough Drop ___ Cough Syrup &/Or dextromethorphan hydrobromide (Robitussin, Robitussin DM)

Skin Irritant/Relief: ___ anti-itch cream (Benadryl) ___ Aloe ___ Lanacain

Mouth/Gum Pain: ___ OraJel ___ Anbesol ___ Blistex ___ Vaseline

Minor Injuries:

___ Topical Antibiotic (Neosporin, Triple Antibiotic)

___ Topical Antiseptics (Alcohol, Hydrogen Peroxide)

Upset Stomach/Minor Diarrhea: ___ Calcium Carbonate (TUMS) ___ Mylanta ___ Imodium ___ Pepto Bismol

Minor Nausea: ___ dimehydrinate (Dramamine)

Allergy: ___ Diphenhydramine hydrochloride (Benadryl)

Sinus/Nasal Congestion: ___ Phenylephrine HCl (Sudafed PE)

Muscle Ache/Pain: ___ Flexall ___ Bengay ___ menthol lotion

Can your child swallow a pill? _____ yes _____ no

Is your child allergic to latex? _____ yes _____ no

Does your child get motion sickness riding in a car? _____ yes _____ no

Drug Allergies: _____

Surgeries: _____

Broken Bones/Fractures: _____

Regular Medications (Name/Dosage/Time Taken): _____

Other Important Medical Information: _____

Parent Signature _____ **Contact Number** _____ **Date** _____